



Nevada Test Site Historical Foundation (NTSHF)
-dba-
Atomic Testing Museum (ATM)

VOLUNTEER PROGRAM APPLICATION PROCEDURE

Welcome to the Volunteer Services Program for the Nevada Test Site Historical Foundation, the parent organization of the Atomic Testing Museum. We appreciate your contribution of time, skills and experience to our ongoing mission.

The following information is intended to help you begin the volunteer application process:

1. We require all NTSHF/ATM volunteers to be NTSHF members. To assure your eligibility as a volunteer, please make sure that your NTSHF membership is current.
2. Until you have submitted a completed application form to the NTSHF office and have completed the required NTSHF/ATM orientation workshop, you will be listed in the “applicant” category. The orientation session will provide you with information about NTSHF/ATM policies, and a general overview of NTS and Cold War history.
3. NTSHF/ATM orientation workshops will be offered at least once every three months. Additional training may be required for specific volunteer positions. Please make it a priority to attend an orientation workshop at your earliest convenience. Orientation workshop registrants will receive advance notice of the workshop location.
4. Permanent laminated nametags will be issued to you once your NTSHF membership status is confirmed and you have completed the basic volunteer orientation workshop. You will be required to wear the nametag any time you are on volunteer duty for the NTSHF or ATM.
5. Until you have completed the initial orientation workshop and any other training relevant to your volunteer position, you will be classified as a Volunteer Trainee. Once you have completed the training process and 20 hours of volunteer service, you will be classified as a full volunteer. (NOTE: If you have already logged more than 20 hours of NTSHF/ATM volunteer service, you will be listed as a volunteer after your orientation/training requirement is met.)
6. An “active” volunteer is a volunteer who maintains a commitment of six (6) or more hours per month. Your active volunteer status will be reviewed every three months.
7. Your involvement and placement as an NTSHF/ATM volunteer is not guaranteed, but is dependent on the current needs of the NTSHF/ATM.
8. Your involvement as an NTSHF/ATM volunteer will be managed by the volunteer services coordinator, who will be introduced to you at the orientation workshop.



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APPLICATION FOR VOLUNTEER SERVICE

The Nevada Test Site Historical Foundation (NTSHF), the parent organization of the Atomic Testing Museum (ATM), welcomes enthusiastic individuals interested in working together to preserve the history associated with the Nevada Test Site (NTS) and the U.S. nuclear weapons testing program.

If you are interested in volunteering, the following information is required for administrative and security reasons and to help us find the most suitable volunteer position to fit your talents. Please complete and mail or fax this form to:

NTSHF/ATM Volunteer Services, 755 E. Flamingo Road, Las Vegas, NV 89119-7363, ATT: Ellen Leigh/FAX #702-794-5248.

NAME: _____ DATE: _____

_____ Last First Middle Initial

ADDRESS: _____

_____ Street City State
 ZIP

PHONE: _____

_____ Home/Incl. Area Code Work/Incl. Area Code Pager/Cellphone

BIRTH DATE: _____
 (You must be at least 18 years old to volunteer)

EMERGENCY INFORMATION: (Please list two emergency contacts):

_____ Name Relationship Phone/Incl. Area Code

_____ Name Relationship Phone/Incl. Area Code

EDUCATION: (Name of HS or College/Degrees/Year Graduated) _____

PHYSICAL LIMITATIONS: (If Any) _____

Have you volunteered for other organizations? (Check One) Yes No If "Yes," where and what did you do?

Please check times you are available to volunteer (Check all that apply):

Weekdays Weekends Mornings Afternoons Evenings Special Events

Number of hours per week/month you are willing to volunteer: _____ Per Week Per Month

Could you be available on an "On-Call" basis? Yes No

If "Yes," how often? Weekly One-a-Month Twice-a-Month More frequently

NTSHF/ATM Volunteer Application Form

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SKILLS: (Check all that apply)

General Skills (Check all that apply):

- Academic Research
- Archaeology
- Docent/Tour Guide
- Fundraising/Special Events
- NTS History/Experience
- Security
- Museum Admissions
- Photography
- Public Relations
- (Please specify):
- Retail Sales
- Secretary/Receptionist

- Other (Please Specify) _____

Computer Skills (Circle all that apply):

Microsoft Word

Microsoft Excel

PowerPoint

Microsoft Publisher

LANGUAGE SKILLS/Foreign Languages

Areas of Interest: (Check all that apply)

- Administrative/Clerical
- Admissions/Museum Ticket Booth
- Museum Collections Assistant
- Museum Greeter
- Museum Store
- Security Guard
- Tour Guide
- Docent
- Special Events Assistant

Certifications:

1. The NTSHF/ATM is an equal opportunity employer and will consider volunteer position applicants without regard to sex, age, race, color, religion, marital status, national origin, handicap, veteran status, sexual orientation or any other legally protected status.
2. The NTSHF/ATM will not tolerate sexual harassment or harassment on the basis of any protected status in the workplace. Harassment behavior of any kind will result in termination of volunteer status.
3. I agree that I offer my services as a volunteer with no expectation of monetary compensation and that filling out this application does not guarantee acceptance into a volunteer position.
4. I fully understand that I will be required to attend a volunteer orientation and relevant training sessions.
5. I fully understand that the NTSHF/ATM may conduct a police background check before approving my application.

References: (Please list two references, not relatives, that we may contact regarding your application)

_____ Name _____ Phone

_____ Name _____ Phone

Signature of Applicant: _____

Date: _____

For office use only:

- Police Background Check**
- Medical Release**
- Time Sheet**
- Date Entered** _____



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VOLUNTEER MEDICAL INFORMATION

This information is confidential and will be used only in the event you require medical assistance. It will not, under any circumstances, affect your acceptance into the volunteer program. While you are on the NTSHF/ATM premises working in a volunteer capacity, you are covered by our insurance. This form will be kept on file in the NTSHF/ATM office in a secure file and will not be available to others.

Name: _____ **Today's**

Date: _____

In case of emergency, contact: Name _____ Home
Phone _____

Relationship _____ Work Phone

Do you require any special accommodations in your work area? Yes No

If "Yes," describe: _____

Are you currently taking any medications regularly? Yes No

If "Yes," please list: _____

Do you have allergies? Yes No

If "Yes," please list: _____

Do you require any emergency medication for these allergies? Yes No

If "Yes," please list and describe any medical administration that may be required in any emergency: _____

Is there any information that emergency medical personnel would need to know? Yes No

If "Yes," please describe: _____

I give my permission to release this information to emergency medical personnel and those persons who serve as my immediate supervisors. Yes No

I authorize the administration of first aid by NTSHF/ATM or Desert Research Institute (DRI) staff in the event of any emergency. Yes No

Volunteer's Signature

Date