

VOLUNTEER APPLICATION



General Information

TODAY'S DATE: ____ / ____ / ____ DATE OF BIRTH: ____ / ____ / ____
LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____ - _____
PHONE (DAY-TIME): # (____) _____ - _____ PHONE (EVENING): # (____) _____ - _____
PHONE (CELL): # (____) _____ - _____ EMAIL: _____

Education

HIGH SCHOOL: _____ LOCATION: _____
YEARS ATTENDED: ____ / ____ / ____ to ____ / ____ / ____
DATE GRADUATED: ____ / ____ / ____
COLLEGE: _____ LOCATION: _____
YEARS ATTENDED: ____ / ____ / ____ to ____ / ____ / ____
DATE GRADUATED: ____ / ____ / ____
SUBJECTS STUDIED: _____
TRADE / BUSINESS SCHOOL: _____ LOCATION: _____
YEARS ATTENDED: ____ / ____ / ____ to ____ / ____ / ____
DATE GRADUATED: ____ / ____ / ____
SUBJECTS STUDIED: _____
FOREIGN LANGUAGES SPOKEN: _____

Work Experience

MOST RECENT EMPLOYER: _____
FROM: (Mnth/Yr) ____ / ____ / ____ TO: (Mnth/Yr) ____ / ____ / ____
POSITION: _____



USS KIDD, A NATIONAL HISTORIC LANDMARK
PROUD MEMBER OF
THE HISTORIC NAVAL SHIPS ASSOCIATION & THE LOUISIANA ASSOCIATION OF MUSEUMS
305 S. RIVER ROAD, BATON ROUGE, LA 70802-6220 PHONE: (225) 342-1942 FAX: (225) 342-2039 WWW.USSKIDD.COM



Military Experience

(If Applicable—Not A Requirement)

BRANCH OF SERVICE:

- ☐ U.S. Army ☐ U.S. Marine Corps ☐ U.S. Navy ☐ U.S. Air Force ☐ U.S. Coast Guard

DATES OF SERVICE:

FROM: (Mnth/Yr) ____ / ____ / ____ TO: (Mnth/Yr) ____ / ____ / ____

RATE / RANK: _____

SHIPS or UNITS SERVED WITH: _____

Volunteer Areas of Interest

- ☐ TOUR GUIDE Gives guided tours aboard the USS KIDD explaining her history and background. Responsible for the safety of all persons in your tour group while aboard ship.
- ☐ SHIP & AIRCRAFT RESTORATION Restoration, maintenance, and upkeep of the USS KIDD, the *A-7E Corsair II*, and the *P-40E Warhawk*. Electricians, welders, plumbers, carpenters, mechanics, painters, etc. are welcome. Sought-after skills include ropework, canvas work, and housecleaning.
- ☐ INFORMATION DESK Greeting visitors and directing those incoming from 2nd floor entrance to the Gift Shop to purchase tickets. Answering general questions on museum exhibits, providing driving directions, information on area restaurants and hotels, etc.
- ☐ LIVING HISTORY Work with other reenactors to demonstrate the weaponry, uniforms, equipment, and living conditions of military servicemen and women. All branches of service represented. Historical periods portrayed include Spanish colonial (Am. Rev. era), War of 1812, WWI, WWII, Korea, Vietnam, etc. Veterans needed to provide expertise. Young people (ages 17+) needed to serve as reenactors.

Note: With the exception of the Living History Program, all volunteers are expected to work a minimum eight (8) hours per month.

Medical / Health Record

Do you have any physical handicaps and/or health problems that would preclude you from performing work in any of the volunteer areas listed above: _____

Have you ever been injured? ☐ Yes ☐ No

If Yes, please give details: _____

Do you have problems with the following: ☐ Hearing ☐ Vision ☐ Speech ☐ Walking

If Yes, please give details: _____

EMERGENCY CONTACT PERSON:

NAME: _____ PHONE (DAY-TIME): # (_____) _____ - _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ - _____