



HOME OF *American Rights*

Youth Volunteer Application

Date \_\_\_\_\_

Birth date \_\_\_\_\_

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Email Address \_\_\_\_\_

**Education**

*List the school you attend or if you are homeschooled*

School name, if applicable \_\_\_\_\_

What are your favorite subjects? \_\_\_\_\_

**Volunteer Experience**

*List any volunteer experiences you have had*

Organization for which you have volunteered \_\_\_\_\_

Dates volunteered \_\_\_\_\_

**Language Skills (other than English)**

*If you have learned a language other than English, please list it.*

Language \_\_\_\_\_

How well do you speak and understand this language? \_\_\_\_\_

Basic       Intermediate       Fluent

Basic       Intermediate       Fluent

Basic       Intermediate       Fluent

**Extra-curricular Activities**

*List any extra-curricular activities in which you participate*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**References**

*List two people who know you well and are not family members*

Name	Relationship	Contact information
(1)		

Name	Relationship	Contact information
(2)		

**Consent of Parent or Guardian**

I support my child's volunteer commitment to Gunston Hall. I am aware that if selected, he/she will assume the responsibility of volunteering for the required time and I will ensure that he/she is present for the assignment or make sure his/her supervisor is notified of absences. I also agree to make certain my son/daughter attends all required training. I, (insert line), as parent/guardian of (insert line) do hereby release and hold harmless Gunston Hall/Gunston Hall Board of Regents, Inc. and agree to indemnify and hold harmless the Commonwealth of Virginia from any and all liability, claims or causes of action that may arise for any accidents, injuries or illnesses that may occur to my child from his/her participation in the volunteer program. I waive any right of action I have against the Gunston Hall/Gunston Hall Board of Regents, Inc. and the Commonwealth of Virginia in consideration of my child's participation as a volunteer for Gunston Hall/Gunston Hall Board of Regents, Inc.

I understand that while serving as a volunteer my son/daughter may be photographed and/or video recorded. Such photography and videography may be used for educational, promotional, and/or commercial purposes. By signing I agree to hold harmless the Gunston Hall/Gunston Hall Board of Regents, Inc. and the Commonwealth of Virginia from any claim arising out of, or pertaining to, the use of his/her image or likeness for the above stated purposes.

Signature of Parent or Guardian

Date

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**Please submit this application to**  
Rebecca Martin, Director of Education and Guest Experiences  
10709 Gunston Road, Mason Neck, Virginia 22079  
rebecca.martin@gunstonhall.org  
*For more information, see <http://gunstonhall.org/index.php/about/about-volunteers>  
or call (703) 550-9220.*

GEORGE  
MASON'S

GUNSTON  
HALL 

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