



VOLUNTEER APPLICATION

PERSONAL INFORMATION

Date _____

Name: _____
Last
First
Middle

Present address: _____
Street
City
State
Zip

Home Phone: (____) _____

Mobile Phone: (____) _____ Date of Birth: ____/____/____ Age: _____

E-mail _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: (____) _____

VOLUNTEER POSITION INFORMATION

Date available to start: _____

Do you have required volunteer hours to complete? No Yes

If Yes: Number of hours needed: _____ Due date for completed hours: _____

Please list your availability below:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

List any experience you have working with children:

List any special skills you want to share through volunteering:

Have you ever been convicted of a felony?

Yes

No

If yes, explain:

Have you ever been employed with this company?

Yes

No

Do you have any friends or relatives employed by this company?

Yes

No

If yes, please provide their names and relationship to you:

Please read each paragraph closely, initial each, and sign below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for volunteering and that the answers given by me are true and correct to the best of my knowledge.

I hereby authorize The Children's Museum of Green Bay to thoroughly investigate my education, criminal background and other matters related to my suitability for volunteering.

I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my volunteering is intended to create a contract between me and The Children's Museum of Green Bay, other than one that is "at will."

Signature of applicant: _____ Date: _____