



Volunteer Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email: _____

Cell Phone: _____

Circle One: Age 14 - 17 Age 18+

Emergency Contact:

Name: _____ Phone Number: _____

Relationship: _____ Alternate Phone Number: _____

Please circle any times you are available to volunteer at the Museum:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
CLOSED	Morning	Morning	Morning	Morning	Morning	CLOSED
CLOSED	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	CLOSED

Do you need to complete volunteer hours for school?

If Yes, how many hours do you need to meet your requirement? _____

Are you completing required community service hours?

If Yes, how many hours do you need to meet your requirement? _____

References: Please list two references below. References might include employers, guidance counselors, teachers, coaches, neighbors, etc. References may not be related to you.

Reference 1:

Name: _____

Relationship: _____

Phone: _____

Email: _____

Office Use Only: Contacted: _____ Approved? Yes ___ No ___
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Reference 2:

Name: _____

Relationship: _____

Phone: _____

Email: _____

Office Use Only: Contacted: _____ Approved? Yes ___ No ___
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Office Use Only:

Application Received: _____

In FileMaker - ID Number: _____

Volunteer Type: ___ Youth ___ Adult

Background Check Complete: _____ Date: _____

Interviewed: _____ COVID Vaccine: _____

Orientation Date: _____

Agreement signed: _____

Sexual Abuse Policy Signed: _____ Date: _____

For Community Partners: Company Name: _____

Contact Person: _____

Phone Number: _____