

Children's Museum of Branch County

Volunteer Application



Contact Information

Name	
Street Address	
City State Zip Code	
Home Phone	
Work Phone	
E-Mail Address	
Driver's License Number	

Availability (check all that apply)

During which hours are you available for volunteer assignments?

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings	Other: please specify
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons	
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings	

How often would you like to volunteer?

How many hours are you available for volunteer assignments?

<input type="checkbox"/> Ongoing Volunteer	At least 4 hours per week
<input type="checkbox"/> Family/Group Volunteer	Group of 2 or more, working on a project or for a predetermined time
<input type="checkbox"/> Occasional Volunteer	Less than 2 times/month, special project or program

Volunteer Interest (check all that apply)

Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Reception/Cash Handling	<input type="checkbox"/> Building Maintenance
<input type="checkbox"/> Floor/Guest Interaction	<input type="checkbox"/> Exhibit Construction
<input type="checkbox"/> Special Programming	<input type="checkbox"/> Board Member/Trustee
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Facility Cleaning
<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Marketing
<input type="checkbox"/> Event Planning	Other: _____

Special Skills or Qualifications

Summarize special skills and gifts you have to share with The Children's Museum of Branch County

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Previous Volunteer Experience

Summarize previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

References and Background Check

Name	Phone	Email Address

Have you ever been convicted of a crime? (You may omit minor traffic offenses, convictions which have been sealed, expunged, statutorily eradicated, and misdemeanors for which probation was completed and judicially dismissed.) ___ Yes ___ No

If yes, please explain _____

If yes, was the conviction in Michigan or in another state? Please specify state(s) _____

Advisory: A check of the volunteer applicant's criminal history will be made to verify the responses to the above questions for the sole purpose of ensuring the safety of its staff, volunteers and visitors. No applicant will be denied volunteer status solely on the grounds of conviction of a crime. The nature of the offense, date of the offense, surrounding circumstances and the relevance of the offense to the position will be considered.

Certification

"I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and active volunteer status may be terminated at any time. In consideration of my volunteer application, I agree to adhere to the policies and regulations of the Children's Museum of Branch County, and I agree that my volunteer status can be terminated, with or without cause, and with or without notice, at any time by the Children's Museum of Branch County.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with The Children's Museum of Branch County

