Volunteer Application

Contact Information

Name	
Street Address	
City/ State/ Zip Code	
Home Phone	
Cell Phone	
E-Mail Address	
Driver's License Number (if applicable)	

Availability (check all that apply)

❑ Monday	❑ Thursday	❑ Sunday
❑ Tuesday	❑ Friday	❑ Summer Break
❑ Wednesday	❑ Saturday	❑ Other:(please specify)

How many hours per week do you wish to volunteer?

_____

Volunteer Interest (check all that apply)

Tell us in which areas you are interested in volunteering:

❑ Annual Events (Planning & Execution)	❑ Marketing
❑ Programming	❑ Grant Writing
❑ Handy work (construction/painting)	❑ Museum Operations
❑ Administrative	

Special Skills or Qualifications

Summarize special skills and gifts you have to share with The Children's Museum of Branch County. This can include employment, hobbies, sports, service clubs, career center, and other activities that transfer to the Children's Museum. Tell us what makes you special!

Previous Volunteer Experience

Summarize previous volunteer experience. Tell us what you have done in the past to help others.

Person to Notify in Case of Emergency

Name	
Address	
City/State/ Zip Code	
Home/Cell phone	
Work Phone	
E-Mail Address	

References

Name	Phone	Email Address

Certification

"I certify that all information submitted by me on this application is true and complete to the best of my knowledge and understand that falsified statements on this application shall be ground for dismissal from the Children's Museum of Branch County (CMBC) volunteer program. I understand that my volunteer status may be terminated at any time by either party with or without cause. I further agree to comply with the policies and procedures, as well as, safety practices in all areas of the CMBC.

I authorize the CMBC to check and verify all information on this application. In order to serve the best interest of the museum visitors, CMBC will conduct a background check of all volunteer applicants. I fully release references, employers and CMBC from any liability resulting from the verification process.

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 orientation, age, or disability

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