



The Children's Museum Volunteer Application

722 Holyoake Road, Edwardsville, IL 62025

618-692-2094 info@childrens-museum.net

It is the Children's Museum policy to make such checks as deemed appropriate on the suitability of any volunteer for the important responsibility of work involving children. It is our policy to treat volunteers with all of the consideration given professionals. All information provided by you is confidential and will be used solely for the purpose of assisting in providing you with the best volunteer experience possible.

Name: _____ Date: _____

Street _____ City _____ State _____ Zip Code _____

Email Address: _____ Phone#: _____

Work Phone#: _____ Fax#: _____

Emergency Contact: _____ Phone#: _____

Employer: _____ Position: _____

Street _____ City _____ State _____ Zip Code _____

Please list Volunteer Experience (Organization and Responsibilities): _____

Availability(Days and times): _____

Have you ever been arrested for a criminal offense? Excluding minor traffic violations or an offense finally settled in a Juvenile Court or under a Welfare Youth Offender Law? Y N If YES please explain: _____

Education:

High School Graduate: yes ___ no ___ College Graduate: yes ___ no ___ , when _____

References, please list three:

Name: _____ Occupation _____ Work phone _____ Home phone _____

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information.

I understand that I will not be paid for my services as a volunteer.

Applicant's signature: _____ Date: _____