

NORTHEAST TEXAS CHILDREN'S MUSEUM

Volunteer Application



APPLICANT INFORMATION

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt/Unit #: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Email: _____

Date of Birth: ____/____/____ GPA (if student): _____

Have you ever been convicted of a felony? Yes No If yes, explain: _____

AVAILABILITY

Desired number of volunteer hours: _____ Date you can start: ____/____/____

Hours available to work:

| | | | |
|---------|-----------|----------|--------|
| Tuesday | Wednesday | Thursday | Friday |
|---------|-----------|----------|--------|

What would you like to do at the Children's Museum?

EDUCATION

High School: _____ Location: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: _____

College: _____ Location: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Location: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

REFERENCES

Name: _____ Relationship: _____

Company: _____ Phone: _____

Name: _____ Relationship: _____

Company: _____ Phone: _____

Name: _____ Relationship: _____

Company: _____ Phone: _____

In case of emergency, we may contact the following individual:

Name: _____ Phone: _____ Relationship: _____

PARENT/GUARDIAN CONSENT

If you are under 18, please have your parent or guardian complete this section.

Parental/Guardian Consent Form: I hereby allow my son/daughter/minor for whom I am the guardian, to participate in as a volunteer at the Northeast Texas Children's Museum. I understand that his/her services are being offered on a voluntary basis without anticipation of financial remuneration and I shall indemnify and hold the Northeast Texas Children's Museum from and against all claims, demands, losses or liability or against any kind of nature of possible injury incurred during his/her volunteer services. I also consent to emergency medical treatment for my child and will assume all medical cost.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a volunteer opportunity, I understand that false or misleading information in my application or interview may result in my release. I authorize Northeast Texas Children's Museum to conduct a background check on me.

Signature: _____ Date: ____ / ____ / ____