



Volunteer Application

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Professional References

1) Name: _____ Phone: _____

Relationship: _____

2) Name: _____ Phone: _____

Relationship: _____

3) Name: _____ Phone: _____

Relationship: _____

Emergency Contact

Name: _____ Phone: _____

Relationship: _____

Reason for Volunteering (Check all that apply)

School Service/Community Hours _____ Interest in Museum _____

Skills & Experiences (Check all that apply)

Administrative _____ Customer Service _____ Computer _____ Carpentry _____

Experience with Children _____ Design _____ Science _____ Art _____

Other _____

General Information

Do you have any past/other volunteer experiences? Please explain.

Assignment Preference (check all that apply)

Admissions/Gift Shop _____ Exhibit Assistance _____ Special Events _____

Please indicate your availability below:

Monday	9:00-1:00 _____	1:00-5:00 _____
Tuesday	9:00-1:00 _____	1:00-5:00 _____
Wednesday	9:00-1:00 _____	1:00-5:00 _____
Thursday	9:00-1:00 _____	1:00-5:00 _____
Friday	9:00-1:00 _____	1:00-5:00 _____
Nights & Weekends for Special Events?	Yes _____	No _____

Do you have any special needs or limitations in order to volunteer?

Yes _____ (Please explain below.) No _____

Have you ever been arrested, involved in a criminal court case, or been subject to a child abuse investigation?

Yes _____ (Please explain below.) No _____

By submitting this application I understand that I am entering an AT WILL relationship with Children's Museum of Illinois and that either party for any cause may terminate the relationship at any time. I understand that I will NOT be paid or otherwise compensated for my services as a volunteer. I agree to abide by any and all Museum policies and I understand if I do not abide by the Museum policies, rules and regulations, I may be dismissed from my position as a volunteer.

I also understand that by signing the agreement I give permission to CMI to contact my references and conduct a criminal background check. In addition, it's my understanding that all the information provided is accurate to the best of my knowledge and that giving false information may be grounds for dismissal.

Volunteer Signature: _____ **Date:** _____

Information needed for background check:

Previous Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

Please return forms to Nicole Bateman, Executive Director at nbateman@cmofil.org, in person, or by mail.

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