

**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.