

Cheshire Children's Museum Volunteer Application

Thank you for your interest in volunteering with Cheshire Children's Museum!

First Name _____ Middle Initial _____ Last Name _____

Date of Birth ___/___/___ (Volunteers must be at least 16 years of age)

Street Address _____ City _____ Zip _____

Preferred Phone #: _____ Other Phone #: _____

Email address _____

Emergency Contact: First Name _____ Last Name _____

Preferred Phone #: _____ Other Phone #: _____

When are you available?

CCM is open Tuesday - Saturday from 10 to 5pm and Sunday from 12 - 4pm.

Ongoing volunteers are asked to work a minimum of 2 hours a week and make at least a 10 hours total.

I would like to volunteer _____ hours a week.

I am available to volunteer at the following times:

Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

Saturday: _____ Sunday: _____

Other than a minor traffic offense, have you been convicted of a crime or released from prison in the past 7 years? No ___ Yes ___ Explain _____

Other organizations for which you have volunteered _____

Employment

Current position _____ Employer _____

Supervisor _____ Telephone # _____

Address _____ Dates of employment _____

Previous position _____ Employer _____

Supervisor _____ Telephone # _____

Address _____ Dates of employment _____

Education

High School _____ Years completed _____

College _____ Years completed _____

References - Please list 3 references who are not family members.

First Name _____ Last Name _____

Organization _____

In what role does this person know you? (e.g., supervisor, academic advisor, etc.) _____

Phone #: _____ Email address _____

First Name _____ Last Name _____

Organization _____

In what role does this person know you? (e.g., supervisor, academic advisor, etc.) _____

Phone #: _____ Email address _____

First Name _____ Last Name _____

Organization _____

In what role does this person know you? (e.g., supervisor, academic advisor, etc.) _____

Phone #: _____ Email address _____

What would you like to do at CCM? (Please see our website for descriptions of volunteer opportunities.)

What do you hope to gain by volunteering at CCM? _____

Are you volunteering to fulfill community service hours? ___No ___Yes # of Hours _____

Organization _____ **By when?** _____

Please read the following and sign.

I certify that the answers given by me to the foregoing questions and statements are accurate. I authorize Cheshire Children's Museum to investigate and/or verify the foregoing information to assist them in determining my qualifications for volunteering. I understand that I will not be paid for volunteer services.

Name (please print) _____ Date _____

*Signature _____

**Please note that if this application had been filled out electronically, volunteers will be required to sign a hard copy application prior to beginning work with the museum.*