



Volunteer Application

Name		Over 14 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address			
City	Province	Postal Code	
Home Phone	Cell Phone		
E-mail			
Employer (current or last)		Job Title	
Supervisor		Work Phone	
Can your supervisor be contacted as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Areas of interest (Please check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Activity Leader | <input type="checkbox"/> Exhibit Construction | <input type="checkbox"/> Program Planning |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Arts/Graphic Design | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Volunteer Coordinator |
| <input type="checkbox"/> Birthday Party Host | <input type="checkbox"/> Museum Attendant | <input type="checkbox"/> Workshops and Presentations |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Newsletter Production | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Poster Distribution | |

Availability (Please check all that apply)

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Frequency

- Once a week
 Every Two Weeks
 Once a Month
 Flexible
 Other: please specify _____

(please turn over)

Have you volunteered before? If so, where?

Reason why you want to volunteer with the Children's Discovery Museum:

If you have friends who already volunteer at the CDM and you would like to volunteer at the same time as them, please list them here:

How did you hear about the museum?

Note: A criminal record check may be required. If so, you will be given a letter.

Personal References (other than relatives)

Note: By listing your references' names here, you agree to let us contact them. Two references are required. Youth volunteers please list personal references such as teachers, coaches, friend's parents

Name	Relationship	Daytime Phone	Email

Youth Volunteers

School	Grade
Are you receiving school credits for community service?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, you need to complete _____ hours by ____/____/_____	

- Do not send me e-News updates from the Children's Discovery Museum.
- The information provided on this application is accurate to the best of my knowledge.
- I understand that the CDM may follow up on any information on this application.

Signature _____ **Date** _____

Thank you! Your interest and time are greatly appreciated!

For office use only

Volunteer application taken by: _____ Date: _____

- database
- e-news distribution list