



Volunteer Application

Phone: 306-683-2555 Email: volunteering@museumforkids.sk.ca

Last Name:	First Name:	Date of Birth:
Address:		
City:	Province:	Postal Code:
Home Phone:	Cell Phone:	Work Phone:
E-mail Address:		Gender Identity: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> _____
Address 2 (opt):		
City:	Province:	Postal Code:

Emergency Contact Name:	Relationship:
Home Phone:	Cell Phone:

We are committed to diversity and inclusion. Do you self-identify as any of the following?	
<input type="checkbox"/> First Nations/Metis	<input type="checkbox"/> New Canadian <input type="checkbox"/> Visible Minority
<input type="checkbox"/> Special Needs	<input type="checkbox"/> Senior Citizen <input type="checkbox"/> Other _____
Do you have any health concerns that may affect children visiting the CDM? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please describe:	
Do you have any physical limitations that could restrict your volunteering activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please describe:	

Employer: (current or previous, if applicable)	Occupation:
Supervisor:	Phone:
Can your supervisor be contacted as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
School:	Grade/Year:	Program/Discipline:
Are you seeking school credits for community service? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, you need to complete _____ hours by ____/____/_____.		
Are you seeking a long-term school-related work placement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, how many months _____.		

Areas of interest: (Please check all that apply. Note that all roles may not be available at time of application.)

Museum Operations:

- | | | |
|---|--|--|
| <input type="checkbox"/> Activity Leader | <input type="checkbox"/> Exhibit Construction | <input type="checkbox"/> Sewing / Mending |
| <input type="checkbox"/> Maintenance & Repair | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Special Event Supporter |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Art & Craft Assistant | <input type="checkbox"/> Day Camp Assistant |
| <input type="checkbox"/> Museum Attendant | <input type="checkbox"/> Poster Distribution | <input type="checkbox"/> Other: |

Organizational Support:

- | | | |
|--|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Program Planning |
| <input type="checkbox"/> Arts/Graphic Design | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Volunteer Coordination |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Newsletter Production | <input type="checkbox"/> Other: |

Availability (Please check all that apply; Museum hours are 9:30 to 4 Monday to Saturday, and noon to 4 on Sunday)

	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"/>

Are you available year round? Yes No If No, when are you NOT available?

Are you available to volunteer holiday weekends? Yes No

Frequency

- | | | | |
|---|--|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Once a week | <input type="checkbox"/> Every Two Weeks | <input type="checkbox"/> Once a Month | <input type="checkbox"/> Flexible |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Other: please specify _____ | | |



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Previous Volunteer Experience: _____

Relevant School or Work Experience: _____

Why do you want to volunteer with the CDM: _____

Relevant Skills, Interest, Hobbies: _____

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? Media Website Employer Family/Friend
 CDM Volunteer _____ CDM Staff _____ Other _____

Before placement, a criminal record check will be required.
Two pieces of identification will be required.
A minimum of 30 hours within the last six months is required for a reference.

Personal References (other than relatives):

Note: By listing your references' names here, you agree to let us contact them to verify information given and to provide any additional information about your qualifications to volunteer. Two references are required. Youth volunteers please list personal references such as teachers, coaches, friend's parents.

Name	Relationship	Daytime Phone	Email

- Send me e-News updates from the Children's Discovery Museum. Do not send me e-News
- The information provided on this application is accurate. False information is grounds for dismissal.
- I understand that the CDM may follow up on any information on this application.
- I agree to abide by all of the rules and policies of the Children's Discovery Museum.

Applicant's Signature _____ **Application Date:** _____

Thank you! Your interest and time are greatly appreciated!

For office use only

Application received by: _____ Date: _____

- Added to database Added to e-news distribution list (if requested)