



APPLICATION FOR ADULT VOLUNTEER (18 AND OLDER)

**APPLICATION FOR ADULT VOLUNTEER**

<sup>1</sup>All Adult Team Members must be at least 18 years and out of high school

|                                     |  |           |
|-------------------------------------|--|-----------|
| <b>Personal Information</b>         | Today's Date:                              |           |
| <b>Name</b>                         |  |           |
| Last Name:                          | First Name:                                |           |
| Middle Name or Initial:             | (check appropriate) Ms. Mrs. Miss. Mr. Dr. |           |
| <b>Current Street Address</b>       |  |           |
|                                     |  |           |
| City:                               | State:                                     | Zip Code: |
|                                     |  |           |
| Resided Here Since:                 |  |           |
|                                     |  |           |
| <b>Previous Street Address</b>      |  |           |
|                                     |  |           |
| City:                               | State:                                     | Zip Code: |
|                                     |  |           |
| Resided Here (month/year) from:     |  | to:       |
|                                     |  |           |
| <b>Current Phone Numbers:</b> Home: |  | Cell:     |
|                                     |  |           |
| <b>Current e-mail address:</b>      |  |           |

|   |            |
|---|------------|
| <b>Education Information</b>                              |            |
| High School Attended:                                     |            |
| Location:   | Graduated: |
| College / University/Technical Schools Attended:          |            |
|   |            |
| Location(s):  |            |
| Degree(s) obtained and Dates                              |            |
| Other Training, which might be applicable?                |            |
|   |            |
| <b>Special Interests / Previous volunteer experience.</b> |            |



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|  |  |                                 |
|--|--|---------------------------------|
| Please list any special interests, which might be of benefit to the Museum in the space below:   |  |                                 |
|  |  |                                 |
|  |  |                                 |
| Please list any special skills, which might be of benefit to the Museum in the space below:  |  |                                 |
|  |  |                                 |
|  |  |                                 |
| What foreign languages do you read, write and/or speak?  |  |                                 |
|  |  |                                 |
| Have you served in the U.S. Armed forces?  |  | Which Branch?                   |
| Service dates:   |  | Discharge date and type:        |
|  |  |                                 |
| Do you have a current or past Arizona State fingerprint clearance?   |  |                                 |
| Through what agency was the clearance obtained?  |  | Date issued:      Date expires: |
|  |  |                                 |
| Have you previously been employed or volunteered at a museum?  |  |                                 |
| If Yes, where?   |  |                                 |
| If yes, what was your position?  |  |                                 |
| If Yes when: from:   |  | to:                             |
|  |  |                                 |
| Have you had any other volunteer experience (other than a museum)?   |  |                                 |
| If Yes, where?   |  |                                 |
| If yes, what was your position?  |  |                                 |
| What dates were you involved? from:  |  | to:                             |
|  |  |                                 |
| What experience have you had working with children?  |  |                                 |
|  |  |                                 |
|  |  |                                 |
| How did you learn of this volunteer opportunity?   |  |                                 |
|  |  |                                 |
| Please list the specific areas for which you wish to volunteer: e.g. working with the general public to promote the museum; working a regular shift within the museum; working special projects in the Museum; working on exhibits or projects behind the scenes, becoming a board member. |  |                                 |
|  |  |                                 |
|  |  |                                 |
| Have you ever been convicted of a felony?  |  |                                 |
| If yes, please explain:  |  |                                 |
|  |  |                                 |

the spot...a Child's Museum  
P.O. Box 3938  
Prescott, Arizona 86302



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|  |
|--|
| <b>Time Availability:</b> Some work schedules include evenings and weekends.               |
| When will you be available to start?   |
| What days are you available for work? Place an X next to the day(s) you will be available: |
| Sun          Mon          Tues          Wed          Thurs          Fri          Sat       |
| What time of day are you available for work?   |
|  |

|   |                   |
|---|-------------------|
| <b>Personal References (Persons not related to applicant)</b> |                   |
| Name / Relationship   |                   |
|   |                   |
| Telephone Number/e-mail address:                              | Best Time to Call |
|   |                   |
| Name / Relationship   |                   |
|   |                   |
| Telephone Number/e-mail address                               | Best Time to Call |
|   |                   |
| Name / Relationship   |                   |
|   |                   |
| Telephone Number/e-mail address                               | Best Time to Call |
|   |                   |

|  |                    |
|--|--------------------|
| <b>Professional / Employment History</b> |                    |
| Current Employer/Company Name:           |                    |
|  |                    |
| Telephone Number:                        | Best Time to Call: |
|  |                    |
| Address:                                 |                    |
|  |                    |
| Job Title:                               |                    |
| Description of Work:                     |                    |
|  |                    |
| Employed From:                           | To:                |
|  |                    |
| Supervisor Name:                         |                    |
|  |                    |

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I hereby declare that the information provided by me in the Application for Volunteer Service is true, correct and complete to the best of my knowledge. I understand that if given the opportunity to volunteer, any misstatement or omission of fact on this application is cause for immediate dismissal. I

Authorize Children's Museum Alliance, Inc. (CMA, Inc.) to verify any information I have provided by contacting former employers, educational and training institutions personal sources, and other appropriate sources. I release reference sources from all liability or damages on account of furnishing information regarding my personal character, habits, performance, or disciplinary records. I further understand that if accepted as a volunteer at CMA, Inc., my volunteer service will be at will, and that service at CMA, Inc. may be terminated with or without cause, and without notice, at any time, at the option of either CMA, Inc. or myself. I understand that background checks and fingerprints may be required as a condition of volunteering at CMA, Inc. to protect guests, and Team Members, volunteer and paid.

Signature \_\_\_\_\_ Date \_\_\_\_\_

[Office use only] interview date[s] \_\_\_\_\_

Interview notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reference checks: \_\_\_\_\_

\_\_\_\_\_

First Volunteer assignment[s]: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_