



The Children's Museum Inc.
 Attn: Volunteering
 (860) 231-2824
 180 Mohegan Drive
 West Hartford Ct. 06117

Application for Student Volunteer Service

Student:

| | | | |
|---------------------|--|---------------|--|
| Date of Application | | Date of Birth | |
|---------------------|--|---------------|--|

| | |
|----------------------------|--|
| Name <i>(please print)</i> | |
| Street Address | |
| City, State, ZIP | |
| Phone | |
| Best time to contact you | |
| E-Mail | |

| | |
|--|--|
| Please print your <u>first</u> name as you would like it to appear on your badge | |
|--|--|

Education:

| | | | |
|----------------|--|-------------|--|
| Current School | | Grade Level | |
|----------------|--|-------------|--|

References:

Please give one reference form to a teacher or school counselor and the other to a non-relative who has known you at least one year. **refer to 'Reference for Student Volunteer Service'*

| | |
|----------------------------------|--|
| Teacher or School counselor name | |
| Non-relative name | |

Please list any previous work or volunteer experience (indicate W or V):

| W/V | Employer | Job Title/Responsibilities | Dates |
|-----|----------|----------------------------|-------|
| | | | |
| | | | |
| | | | |

Do you have any hobbies, skills, science projects or special interest?

Please tell us about them:

| |
|--|
| |
|--|

Why would you like to volunteer at The Children’s Museum?

| |
|--|
| |
|--|

Please list any medical restrictions, requirements, and allergies you would like us to be aware of:

| |
|--|
| |
|--|

Emergency Contact and Transportation

| | |
|--|--|
| Do you have access to reliable transportation? | |
|--|--|

| | |
|------------------------|--|
| Emergency Contact Name | |
| Relationship | |
| Home Phone Number | |
| Work Phone Number | |
| E-Mail Address | |

Days/Times you are available to volunteer

(Please check morning or afternoon and write times for each day of the week you may be available):

Museum Hours are Wednesday through Friday from 9:30 am until 3:30 pm, Saturday from 1 pm until 5 pm, and on Sundays from 10 am until 4 pm. We are closed on Mondays and Tuesday except for school holidays and during the summer. ***The Wildlife Sanctuary is open 7 days a week***

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----|--------|--------|---------|-----------|----------|--------|----------|
| AM | | | | | | | |
| PM | | | | | | | |

| | |
|--|--|
| Total hours you would like to volunteer per week | |
|--|--|

| | |
|---|--|
| Department or type of activity you are requesting to volunteer with | |
|---|--|

| | | |
|--|------|-----|
| Are you available on short notice to help with special events or projects? | Yes? | No? |
|--|------|-----|

How did you learn about volunteer opportunities at The Children's Museum?

| |
|--|
| |
|--|

| | | |
|---|------|-----|
| Have you ever been convicted of a crime? | Yes? | No? |
| Have you ever been suspended or dismissed for alleged or actual acts of physical or sexual abuse? | Yes? | No? |

Agreement and Signatures

By submitting this application, I affirm that the facts set forth in it are true and complete.

| | |
|--|--|
| Applicant's Signature | |
| Parent/Guardian Signature (if under 18 yrs) | |

For office use only

| | |
|--|--|
| Interviewer's Signature/Date | |
| Second Interviewer's Signature/Date | |

The Children's Museum is an Equal Opportunity Employer and all applicants will be given consideration for positions regardless of race, creed, color, sex, or age.