

For office use only: Placement

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

Ap	plication	for	Volunteer	Service	

				Servic				
Date of Applic	ation			Date o	f Birth			
Name (please	e print)							
Street Addres	S							
City, State, ZI	Р							
Phone								
Best time to c	ontact you							
E-Mail								
Please print y	our <u>first</u> nar	ne as you wo	ould like it to ap	pear on your b	padge			
Education:								
Please list an	y degrees a	nd/or majors	3					
References	:							
Please list pe current or forr				ne year and ar	e not relatives, at	t least one shou	ld be a	
Name			Address		Phone	Relati	Relationship	
Please list an	y previous v	vork or volun	teer experience	e (indicate W c	or V):			
	y previous v Employe		teer experience		or V): esponsibilities		Dates	
Please list an			teer experience				Dates	
			teer experience				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:
aware or:
Emergency Contact and Transportation
Do you have access to reliable transportation?
Formula Octobrillian
Emergency Contact Name
Relationship
Home Phone Number
Work Phone Number
E-Mail Address

Days/Times you are available to volunteer

Monday

Sunday

(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*

Wednesday

Thursday

Friday

Saturday

Tuesday

					'	, ,	,
AM							
PM							
		,					
Total hours	you would lil	ke to volunte	er per week				
Departmen	t or type of a	ctivity you are	e requesting t	to volunteer wi	th		
						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Are you ava	ailable on sho	ort notice to h	elp with spec	cial events or p	rojects?	Yes?	No?
How did v	vou looms ol	acut valunt	an annout	unities at Th	o Children's	Mussum?	
How ald y	ou learn ai	oout volunt	eer opport	unities at Th	e Children's	s wuseum?	
<u> </u>		victed of a ci				Yes?	No?
	ver been sus sexual abuse		smissed for a	alleged or actu	al acts of	Yes?	No?
priyotodi or		· · · · · · · · · · · · · · · · · · ·					
Agreemer	nt and Sign	atures					
D l itti		_t: _tt:	41	a a a t fautha i a it			
		ation, i affirm	that the fact	s set forth in it	are true and o	complete.	
Applicant's	Signature						
For office	use only						
Interviewer Signature/E							
ga.a. 5/ E							
Second Inte							
Signature/E	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.