



For official use only:
Date Received:
Contacted:
Salesforce:
Orientation:
Appointed:
Schedule:

New Volunteer Application- Youth

A.C. Gilbert's Discovery Village relies on volunteers to enrich the experience of its visitors. A.C. Gilbert Discovery Village is committed to equal volunteer opportunity in all of its program practices. In appointing volunteers, it is important that the requirements of the position match the skills, interests and time availability of the volunteer. All information provided by this application is confidential and will not be shared with anyone outside of A.C. Gilbert's Discovery Village staff. A parent permission form must be signed and on file for volunteers under 18 years of age. The completion of a criminal and civil background check will be required for volunteers over 18 years of age. Acceptance of this application does not imply placement to a volunteer position at A.C. Gilbert Discovery Village.

Personal Information

Name _____ Date _____

Phone _____ Date of Birth _____

E-mail _____

Address _____

City _____ State _____ Zip _____

How did you learn about volunteer opportunities at A.C. Gilbert's Discovery Village?

Volunteer Type/Duration

- Direct Service (working with children/families)
- Indirect (not working directly with children/families, but supporting the museum and members who do)
- On-site (at the museum)
- Off-site (community fairs or events)
- Ongoing
- One-time
- Short-term
- Seasonal
- Other _____

Availability

When are you available to volunteer?

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

Qualifications/Experience

Have you volunteered at A.C. Gilbert's Discovery Village before? No Yes When?

Special Skills

Describe your specialized skills, talents and interests: Skill Level: Beginning Intermediate Expert

A) _____

B) _____

C) _____



Education

Select the highest degree acquired: High School/GED Associates Bachelor's Masters PhD

Name of School(s): _____

Employment

Employer Name _____ Your Position _____

Employer Address _____ City _____ State _____ Zip _____

Emergency Contact Information

Primary Contact Person _____

Relationship _____ Phone Number _____

Do you have any allergies or medical conditions that our museum staff should be aware of?

References

Name _____ Relationship to you _____

Phone _____ Email _____

Name _____ Relationship to you _____

Phone _____ Email _____

May we have your permission to take a photo or video of you during our events or other volunteer opportunities and use it for promotional purposes? Yes No

I hereby affirm and certify that all information provided in this volunteer application is true and complete. I understand that A.C. Gilbert Discovery Village will relay upon the accuracy and truth of this information. Any Significant omissions or falsifications are basis for immediate dismissal. I understand that A.C. Gilbert will require a background check or parent permission prior to volunteer assignment.

Signature _____ Date: _____

Print Name _____

Return Completed Volunteer Applications to: A.C. Gilbert Discovery Village Volunteer Coordinator



Youth Volunteer Permission Form

Personal Information:

Youth Volunteer's Name: _____ Date: _____

Parent/Guardian's Name: _____

Phone _____ Work Phone _____

Address _____ City _____ Zip _____

Emergency Contact 1 _____ Relationship _____

Phone _____ Work Phone _____

Emergency Contact 2 _____ Relationship _____

Phone _____ Work Phone _____

Permission to volunteer, please initial your approval:

____ My son/daughter has permission to volunteer at A.C. Gilbert's Discovery Village.

____ My son/daughter may ride with an A.C. Gilbert's Discovery Village staff person in a van or car for volunteer-related activities under proper supervision.

____ My son/daughter may have his/her picture taken and used for publicity purposes.

Permission for Medical Treatment, please initial your approval:

____ In an emergency, A.C. Gilbert's Discovery Village has my permission to call an ambulance or take my son/daughter to any available physician or hospital at my expense. I understand that every effort will be made to contact me or the emergency contact person(s) as soon as possible.

It is understood that as a participant in the Volunteer Program, your son/daughter is not an employee of A.C. Gilbert's Discovery Village. By signing this application, you agree to release A.C. Gilbert's Discovery Village from all liability in the event of an accident, injury, or illness that occurs while your son/daughter is volunteering, as well as any damage, accident or injury that may be caused by your son/daughter against another volunteer or a guest of A.C. Gilbert's Discovery Village.

Signature of Youth Volunteer

Date

Signature of Parent/Legal Guardian

Date

Return Completed Volunteer Applications to: A.C. Gilbert Discovery Village Volunteer Coordinator