

New Volunteer Application- Adult

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

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:				
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					
Number of hou	rs in a m	nonth that you a	re available to voluntee	r: less than 5	5 5-10 ⁻	10-20 20+	
Qualificatio	ons/Ex	perience					
		•	Discovery Village befo	re? No Yes	When?		
,			, ,				
Education							
Select the high	hest dea	ree acquired.	High School/GED	Associates	Bachelor's	Masters	PhD
concert the ring	loot dog	noo acquirou.		,	240101010		
Name of scho	ol(s):						

A.C. Gilbert Discovery Village



Special Skills

Describe your specialized skills, talents and inter	ests: Skill Level: Beginning Intermediate Expert
A)	
B)	
C)	
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 condit References	ions that our museum staff should be aware of?
Name	_ Relationship to you
Phone	_ Email
Name	_ Relationship to you
Phone	_ Email
use it for promotional purposes? Yes No	to or video of you during our events or other volunteer opportunities and
Gilbert Discovery Village will rely upon the accurate	vided in this volunteer application is true and complete. I understand that A.C. acy and truth of this information. Any Significant omissions or falsifications are A.C. Gilbert will require a background check or parent permission prior to
Signature	Date:
Print Name	



Last Name	nal History Backgro							
First Name	Full Middle Name							
Maiden/Other Names Previously Used						_ Gender	М	F
Street Address								
City, State, ZIP				Phone				
Social Security Number	Date of	Birth _						
Other states where you have resided as an a	dult (age 18 and older):							
Note: I Missing or incomplete info	Please answer all ques rmation may cause you				ayed o	r rejected	d.	
1. Have you ever been convicted of a sex-rela If yes, did the crime involve force or If yes, was the conviction in Oregon	minors?	Yes Yes s <i>tate)</i> _	No No					
2. Has your record ever been expunged of a If yes, was the conviction in Oregon		Yes s <i>tate)</i> _	No					
3. Have you ever been convicted of a crime in If yes, was the conviction in Oregon				Yes	No			
4. Have you ever had a restraining order place If yes, was the order issued in Orego				Yes	No			
5. Have you ever been convicted of a crime in If yes, was the conviction in Oregon					Yes	No		
6. Have you ever been convicted of any othe	r crime except a minor traff	ic viola	tion?	Yes	No			
7. Have you been arrested for a crime for whi	ich there has not yet been	an acqu	uittal or dis	smissal?	Yes	No		
I request and authorize the release of any and all in for the purposes of pre-volunteer investigation, to in infraction or offense, any entry naming me as a sus or complainant.	nclude all entries wherein I hav	ve been	mentioned	as being a	rrested for	or any crime	, violatio	on, Õ
I, and all of my successors and heirs, hereby forevors or damage, either direct or indirect, which may resur- requested information from the provision or use of factual.	ult from furnishing the requeste	ed inforn	nation. I ho	ld harmless	s any orga	anization su	pplying	the
I have the right to make a request to IntelliCorp Re files on me at the time of my request, including sou previously furnished within the two year period pre-	irces of information, and the re							
I understand and agree that any omission, false static and in any interviews will be sufficient grounds for		, or ans	wer made b	by me on m	iy applica	tion or any s	supplen	nents to
Applicant's Signature				Date				
It is understood that as a participant in Discovery Village. By signing this appliability in the event of an accident, inj damage, accident or injury that may b Discovery Village.	plication, you agree to jury, or illness that occ	releas urs w	e A.C. G hile you	ilbert's are volu	Discov nteerin	ery Villag Ig, as wel	je froi I as a	n all ny

Applicant's Signature _