



### New Volunteer Application—Youth

Gilbert House Children’s Museum relies on volunteers to enrich the experience of its visitors. Gilbert House Children’s Museum 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 Gilbert House Children’s Museum 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 Gilbert House Children’s Museum.

#### Personal Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How did you learn about volunteer opportunities at Gilbert House Children’s Museum?

#### Volunteer Type/Duration

- Direct Service (working with children/families)
- Indirect (not working directly with children/families, but supporting the staff and volunteers 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	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							



### Qualifications/Experience

Have you volunteered at Gilbert House Children's Museum in the past?      **No**      **Yes**      When?

### Special Skills

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

- A) \_\_\_\_\_
- B) \_\_\_\_\_
- C) \_\_\_\_\_

### Education

What school do you currently attend? \_\_\_\_\_

### Emergency Contact Information

Primary Emergency Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Please list any allergies or medical conditions of which museum staff should be aware:**

### Publicity Consent

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 Gilbert House Children's Museum will rely upon the accuracy and truth of this information. Any significant omissions or falsifications are basis for immediate dismissal. I understand that Gilbert House Children's Museum will require a background check or parent permission prior to volunteer assignment.*

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

Print Name \_\_\_\_\_

**\*\*Return completed Volunteer Applications to Volunteer Coordinator\*\***