



Volunteer Application

Date of Application _____

How did you hear about the volunteer program? _____

Name _____ Ethnicity (optional): _____ Date of Birth: _____

Address: _____

City: _____ Zip: _____

Email: _____ Phone: _____

Parent/Guardian Name (if under 18): _____

Parent/Guardian Name (if under 18): _____

Parent/Guardian E-Mail: _____ Parent/Guardian Phone Number: _____

Please check the best way to get in contact with you:
 Email Phone Text Regular Mail

School: _____ Grade: _____ GPA: _____

Do you need to fulfill a class requirement for volunteer hours or community service credit? Yes No

If yes, number of volunteer hours required _____ What is the required date for completion of hours? _____

If yes, for what are you completing the hours? _____

Employer name: _____ Position: _____

Dates of Employment: _____ Full Time Part Time Intern Seasonal

Responsibilities included: _____

Previous Employer: _____ Position: _____

Dates of Employment: _____ Full Time Part Time Intern Seasonal

Responsibilities included: _____

Please name some of your skills that would be most useful to Great Explorations: _____

Extra Curricular Activities (clubs, hobbies, sports, etc.): _____

Please state your available times to volunteer. This can be changed at a later date.

Please list your hours of availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9:30-6							
1:30-5:30							
2:00-5:30							
Other							

How many hours can you comfortably manage each week? _____

Based on what you know of the program so far, what areas most interest you? Please select your top 3.

- | | |
|--|--|
| <input type="checkbox"/> Customer Service Team | <input type="checkbox"/> Exhibit Maintenance |
| <input type="checkbox"/> Floor Team | <input type="checkbox"/> Research/Data Team |
| <input type="checkbox"/> Special Events Team | <input type="checkbox"/> Marketing Team |
| <input type="checkbox"/> Education Team | <input type="checkbox"/> Development Team |
| <input type="checkbox"/> Exhibit Team | <input type="checkbox"/> Preschool Team |
| <input type="checkbox"/> Community Engagement activities | <input type="checkbox"/> Other _____ |

Name two of your strengths: _____

Name two of your weaknesses: _____

Have you ever been found guilty of a crime? Yes No

If yes, please state the offense (a yes will not automatically disqualify you from consideration):

I certify that the information is true and correct and has been given voluntarily. I understand the volunteer placement is a selection process and not all applicants are accepted into the program. I understand Great Explorations Children's Museum reserves the right to place participants in positions best suited for their skills and the needs of the museum. I also understand the level of commitment needed and agree to do my best as a Great Explorations Volunteer.

Parent Signature (if under 18): _____ Date: _____

Applicant Signature: _____ Date: _____