



# Volunteer Application

Date of Application \_\_\_\_\_

How did you hear about the volunteer program? \_\_\_\_\_

Where or from who did you receive this application? \_\_\_\_\_

Name \_\_\_\_\_ Ethnicity (optional): \_\_\_\_\_ Date of Birth (if under 18) \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name (if under 18): \_\_\_\_\_ Day Phone: \_\_\_\_\_

Parent/Guardian Name (if under 18): \_\_\_\_\_ Day Phone: \_\_\_\_\_

Please check the best way to get in contact with you:  Email  Phone  Text  Regular Mail Shirt Size  
S M L XL XXL 3XL

School: \_\_\_\_\_ Grade: \_\_\_\_\_ GPA: \_\_\_\_\_

Are you currently participating in the free or reduced lunch program?  Yes  No Do you own a computer?  Yes  No

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 name: \_\_\_\_\_ 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
9:00-12							
12:00-3							
2:00-5							
Other							

Check here if you have an open and flexible schedule  
[ ]

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.

- Gift Shop Team
- Customer Service Team
- Floor Team
- Special Events Team
- Education Team
- Exhibit Teams
- Exhibit Maintenance
- Rsearch/Data Team
- Marketing Team
- Youth and Community Team
- Development Team
- ASEELI Team

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

- Community Engagement activities
- Environmental / Conservation projects
- Outdoor Adventure program
- Archeological dig
- Mentoring program
- Documentary project
- Newsletter
- Other

Name two of your strengths: \_\_\_\_\_

Name two of your weaknesses: \_\_\_\_\_

Have you ever been convicted of a crime or entered a plea, other than not guilty, to any criminal charges? [ ] Yes [ ] No

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

It is our goal to deliver the best possible service to our volunteers. Therefore, we expect high standards of performance in your assigned service.

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: \_\_\_\_\_