



**EDUCATE.
AMUSE.
INSPIRE.**

Volunteer Application

We are pleased to have you volunteer at the Children's Museum. We appreciate your willingness to share your time, talents and energy with us. We are looking forward to working with you!

Please complete and return this form to Julene Rice, Museum Director.
1531 South Main Street, Blacksburg, VA 24060.
julene@blacksburgchildrensmuseum.org
<http://www.childrensmuseumofblacksburg.org>

General Information: (Please print)

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Date of Birth: _____

E-Mail: _____

Do you prefer to be contacted by: Home Phone Cell Email Postal Mail

(Volunteer opportunities and updates are sent via email unless otherwise specified)

Education / Employment:

Current School/College: _____ Current Grade Level: _____

List any degrees or certifications: _____

Clubs: _____

Current Employer: _____ From: _____ To: _____

Position Title: _____ Duties: _____

Volunteer Summary:

Please check one:

Volunteer (no required hours to fulfill)

Required volunteer work

What hours required for:

Class

What class? _____ # of hours required: _____ Completion date: _____

Group

What group? _____ # of hours required: _____ Completion date: _____

Community service (ask for reference form)

of hours required: _____ Completion date: _____

Letter recipient information:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Please circle when you are available: Mornings Afternoons Evenings Weekends

Certain hours? _____

Volunteer Summary (continued):

How did you hear about our volunteer program? _____

Why do you want to volunteer? _____

Please circle specific skills/interests (add any not listed):

Sewing	Plumbing	Finish carpentry	Electrical	Drawing	Scale Design
Photography	Graphic Art	Electronics	Mechanics	Clerical	Rough Carpentry
Marketing	Computer work	Fundraising	Grant Writing	Welding	Painting Murals/Walls
Making Signs	Scale Model Construction	Other: _____			

There are many things to go at the museum that are not listed on the "Current Volunteer Opportunity" list. We will work with everyone to find an area that interests you. New volunteer opportunities are always being developed. If you have a particular skill, interest or hobby you would like to share with our staff and/or visitors, please contact us!

Volunteer Experience:

Organization: _____ Are you currently volunteering? Y N

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Duties: _____

Organization: _____ Are you currently volunteering? Y N

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Duties: _____

References:

Please list two personal references (other than family members & who are at least 18 years of age):

1. Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

2. Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Have you ever been arrested, charged, or convicted of a crime? No Yes

If yes, please explain: _____

Authorization: I certify that the facts in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that false information shall be grounds for dismissal from the volunteer program. I authorize Blacksburg Children's Museum to check and verify all information in this application.

Signature: _____ **Date:** _____

Parent/guardian signature (if volunteer is under 18): _____ **Date:** _____

Emergency Contact Information

Emergency contact: _____ Relationship: _____ Phone: _____

Preferred hospital: _____ Medical conditions/Allergies: _____