



VOLUNTEER APPLICATION

Today's Date: ____/____/____

PERSONAL INFORMATION

Full Name: _____ Date of Birth: ____/____/____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Home Phone: _____

Work Phone: _____ Ext. _____ Cellular Phone: _____

How did you hear about our volunteer program? _____

SCHEDULING INFORMATION

Please indicate the days and times you would be able to serve. (Circle all that may apply)

Days Available: Monday Wednesday Thursday Friday Saturday Sunday

Times Available: Morning Afternoon

Other: _____

If you are applying for a specific volunteer position (i.e., Docent Volunteer, etc.), please list that position:

EDUCATION

Please indicate the level of formal education you have achieved. (Please circle one)

Some High School High School Diploma or GED Technical School/Apprentice Associate's Degree

Some College BA/BS Degree Graduate Degree

Other (please specify): _____

REFERENCES

Please list two references of your work habits and character:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

VOLUNTEER HISTORY

Have you ever volunteered before? (Circle one) Yes No

If so, where and in what role?

ADDITIONAL INFORMATION

Why would you like to volunteer at The National Museum of Toys and Miniatures? Please provide any additional information you would like to include.

CERTIFICATION

Due to the nature of our work and the value of our collections, The National Museum of Toys and Miniatures may choose to complete a background check on all volunteers. This is a risk containment policy approved by the museum’s board of directors. We appreciate your cooperation.

I certify that answers given are true and complete to the best of my knowledge. In the event of acceptance, I understand that false or misleading information given on this form or interview(s) may result in removal. I hereby authorize you to verify all information desired in connection with the profile, including matters of opinion, character, ability, reputation and past conduct, and I authorize and request each individual and organization named on this form to give such information. I understand that if I am chosen for volunteer service I will receive no monetary remuneration.

Signature

Date

Guardian Signature (if under 18)

Date