



Volunteer Application

Name: _____
Last First Middle

Individual Volunteer Group Leader Both (Name of Group): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Other (specify): _____ E-mail: _____

PERSONAL REFERENCES (students may use teachers and group leaders)

(1) Name and Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Other (specify): _____ E-mail: _____

(2) Name and Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Other (specify): _____ E-mail: _____

EMERGENCY CONTACT

(1) Name: _____ Relationship: _____

Phone: _____ Other (specify): _____

(2) Name: _____ Relationship: _____

Phone: _____ Other (specify): _____

REASON FOR VOLUNTEERING

Please check all that apply

- | | | |
|--|---|--|
| <input type="checkbox"/> Community service hours | <input type="checkbox"/> Court ordered | <input type="checkbox"/> Family/Friends are involved |
| <input type="checkbox"/> Extra time | <input type="checkbox"/> Personal fulfillment | <input type="checkbox"/> Professional development |
| <input type="checkbox"/> Service learning | <input type="checkbox"/> Other _____ | |

How did you hear about Miami Children's Museum? _____



Volunteer Application

What is the length of the commitment you wish to make? _____

How many hours per month/week do you wish to volunteer? _____

Please note the Museum requires a minimum of service per month for certain positions. (see job descriptions.)

On the grid below please indicate the seasons and months you are available.

Spring	Summer	Fall	Winter	Year-round

On the grid below please indicate the day(s) and time(s) you are available.

	AM		PM	
	From	To	From	To
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

ASSIGNMENT INTEREST

Areas of interest at the MCM (please indicate all that apply):

Visitor Service Assistants: Guest Services Retail Shop Other: _____

Gallery Assistants: School Tour Assistant Exhibit/Activity Guide Other: _____

Office Assistants: Administrative Support Special Events Other: _____

Technical Assistants: Exhibits Support Information Technology Other: _____

Educational Prog. Assist: Birthday Party Assistant (Sat, Sun) Summer/Holiday Camp
 Program Development Assistant Early Childhood Assistant Teaching Assistant Story Time Reader
 Parent/Teacher Resource Center Aid Other: _____

SKILLS/TRAINING/EXPERIENCE

Arts and Crafts Cooking/Nutrition Fund-raising Newsletter/Writing Special Event Musical
 Dramatic Arts Education Other (please specify) _____ Other (please specify) _____
 American Sign Language Languages spoken: _____

Briefly explain why you want to volunteer at MCM: _____



Volunteer Application

Please indicate your employment status. Employed full time Employed part time Not employed

If employed:

Organization: _____ Supervisor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Other(specify): _____ E-mail: _____

Highest degree or level of school completed

- High School/ GED Some college /Associate Degree Bachelor's Degree Masters Degree
 Professional Degree (i.e. MD, DDS, JD) Doctorate degree (i.e. PhD, EdD)

Are you currently a student? Yes No School _____ Degree Program _____

Do you have past/other volunteer experience? General? Yes No With children? Yes No

Please list volunteer experience: _____

Do you have any special needs or limitations in order to volunteer? ___ If yes, Please explain: _____

I have read the volunteer policy and dress code. I understand and fully acknowledge that, in volunteering for Miami Children's Museum, I am entering an AT WILL relationship and that this relationship can be terminated at any time by me or Miami Children's Museum for good cause, bad cause, or no cause at all.

I further understand that by signing this agreement, I give permission to contact my references or to conduct a criminal background check if deemed appropriate. It is my understanding that all information I have provided is true and complete to the best of my knowledge. I understand that giving false information can be grounds for immediate dismissal.

I understand that I may come in contact with sensitive client information and that this information is confidential and is not to be repeated.

Volunteer Signature _____ Date _____