

Koch Family Children's Museum of Evansville Volunteer Application

22 SE Fifth Street, Evansville, IN 47708 w Phone: 812/464-2663 www.cMoekids.org

Last Name _____ First Name _____ Preferred Name: _____
Street Address _____ City, State, Zip: _____
Home Phone: _____ Cell: _____
Email: _____
Date of Birth: _____

Volunteers age 18 and over are required to consent to a criminal background check. If you have had a recent background check for another organization, job, etc. and could obtain a copy, please let us know.

Please list your school or employment situation (Check all that apply)

Employed full-time Employed part-time Student Retired Seeking employment Stay-at-home parent

How did you hear about the volunteer program?

Why are you interested in volunteering at cMoe?

Emergency Contact

Name: _____ Relationship: _____
Address: _____ Phone Number: _____
City/State/Zip: _____

References

Please list an individual, other than a relative, who is willing to serve as a personal reference.

Name: _____ Organization (if applic.): _____
Address: _____ Phone Number: _____
City/State/Zip: _____
Email address: _____

Please read and sign

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for purposes of my interest in volunteering with cMoe. I understand that a background check will be conducted prior to the start of my volunteer assignments. I understand and acknowledge that I will NOT be paid or otherwise compensated for my services as a cMoe volunteer.

Applicant Printed Name

Date

Applicant Signature

Volunteer Application, cont.

Please select what types of volunteering most interest you:

- | | |
|--|--|
| <input type="checkbox"/> Leading or assisting with educational workshops/field trips | <input type="checkbox"/> Sewing/repairing costumes for cMoe |
| <input type="checkbox"/> Story time reader | <input type="checkbox"/> Assisting with building/exhibit repair or maintenance |
| <input type="checkbox"/> Leading or assisting with early childhood programs | <input type="checkbox"/> Administrative (mailings, filing, etc.) |
| <input type="checkbox"/> Community Outreach Docent (attending community events) | <input type="checkbox"/> Working in galleries during busy days |
| <input type="checkbox"/> Special events/fundraisers | <input type="checkbox"/> Summer camp (Runs M-F, 9 a.m. - 4 p.m.) |

What type of volunteering structure do you prefer?

- I would like to choose various opportunities at my convenience
- I would like to set up regularly scheduled weekly or monthly volunteering
- I would like to volunteer for a specific program on a weekly or monthly basis

Availability - Please select what days/times you'd typically like to volunteer.

- | | |
|---|--|
| <input type="checkbox"/> Monday mornings | <input type="checkbox"/> Thursday mornings |
| <input type="checkbox"/> Monday afternoons | <input type="checkbox"/> Thursday afternoons |
| <input type="checkbox"/> Tuesday mornings | <input type="checkbox"/> Friday mornings |
| <input type="checkbox"/> Tuesday afternoons | <input type="checkbox"/> Friday afternoons |
| <input type="checkbox"/> Wednesday mornings | <input type="checkbox"/> Saturday mornings |
| <input type="checkbox"/> Wednesday afternoons | <input type="checkbox"/> Saturday afternoons |
| | <input type="checkbox"/> Sunday afternoons |

Education or Job Experience

Have any special experiences, talents, or hobbies you may be able to share with us? Please list them here!