

Iowa Children's Museum Volunteer Application

1451 Coral Ridge Avenue, Coralville, IA 52241

Phone: 319-625-6255

Today's Date _____
 Full Name _____
 Address _____
 City, State, Zip _____
 Social Security # _____
 Date of Birth _____
 Email address _____
 Phone Number _____

Availability (when could you be at the ICM?)

Monday _____
 Tuesday _____
 Wednesday _____
 Thursday _____
 Friday _____
 Saturday _____
 Sunday _____

Volunteer Interests

Please check all of the assignments that you are interested in participating in

- Floor Team Assistant Special Events
 Office/Behind the Scenes Assistant Programs
 Prop Cleaning Exhibit Fabrication

Activities and Interests

Let us know your talents and interests so that we may best match you with our volunteer needs

Background Information

Are you required to complete service hours? ___Yes ___No

If yes, please check the organization that is requiring them.

___School ___Employer ___Court/Alt. Sentencing Program ___Other: _____

Are you participating in the 10,000 Hours program? ___Yes ___No

Have you ever been convicted of a criminal offense? ___Yes ___No

Personal/Professional References

Please list three people other than relatives who would be willing to serve as references.

Name	Occupation	Phone Number	Relationship	Years Acquainted
1.				
2.				
3.				

I certify that the statements made in this Volunteer application are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest and I release The Iowa Children's Museum from any liability whatsoever for supplying such information.

Applicant's Signature: _____

Date: _____

Guardian's Signature: _____
 (If under 18 years of age)

Date: _____