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| **Volunteer Application Form** |
| Last Name: | First Name: | Middle: | Today’s Date: |
| Address: | State: | Date Of Birth: |
| Cell Number: | Social Security Number: |
| Email Address:  | What would you like to help with at the Museum? |

**What days and hours are you available to work?**

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| --- | --- | --- | --- | --- | --- | --- |
| Monday\_\_\_\_to\_\_\_\_\_ | Tuesday\_\_\_\_\_to\_\_­­\_\_ | Wednesday\_\_\_\_\_\_to\_\_\_\_ | Thursday\_\_\_\_\_to\_\_\_­\_ | Friday\_\_\_\_\_to\_\_\_\_\_ | Saturday\_\_\_\_\_to\_\_\_\_\_ | Sunday\_\_\_\_\_to\_\_\_\_\_ |
| Employer: | Work Number: |
| In case of Emergency, notify: | Phone Number: |
| REFERENCES  |
| Name | Relationship | Phone number |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| BACKGROUND |
| HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE,INCLUDING CHILD ABUSE NEGLECT, OR EXPLOITATION YES NO |
| This certifies that this application was completed by me, and that all the entries on it and the information in it are true and complete to the best of my knowledge. I hereby authorize The Children’s Museum of Eastern Oregon to verify the information included on this application, and wave any right to confidentiality. I do understand that access to the information on this form will usually be restricted to appropriate CMEO personnel. I also authorize the CMEO to perform reference checks, criminal history record checks, and child abuse registry checks at their own expense and discretion.Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If under age 18, parents signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_Background Check: Yes NoOrientation Completed: Yes No |

Volunteers must be 14 or older. Office Use

 Only