



Please return completed form & resume to: Delaware Childrens Museum, Mail: 550 Justison Street, Wilmington, DE 19801, Fax: (302) 654-2341, Email: volunteer@delawarechildrensmuseum.org

# Volunteer Application Form

The Delaware Children's Museum is an equal opportunity employer complying with all applicable federal, state, and local laws. Applicants will be given consideration for positions regardless of race, creed, color, sex, or age.

## Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Street Address: \_\_\_\_\_ Apartment: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
Email: \_\_\_\_\_

## Emergency Contacts

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Education

Highest education received (please circle one):
High School: 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3 4
Name of school most recently attended: \_\_\_\_\_ Major: \_\_\_\_\_
Name of most recent employer: \_\_\_\_\_ Position: \_\_\_\_\_
Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

## Experience

Why would you like to volunteer at the Delaware Children's Museum?
[Empty text box]

Please list skills, hobbies, and special training that you feel would be applicable to the Delaware Children's Museum.
[Empty text box]

What skills would you like to gain from the Delaware Children's Museum?
[Empty text box]

Are there any medical restrictions, requirements, or allergies you would like us to be aware of?
[Empty text box]

## Interest

Please check off the areas you are most interested in volunteering.
[ ] Programming [ ] Administrative Support [ ] Outreach [ ] Special Events [ ] Guest Services
[ ] Other: \_\_\_\_\_

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**Availability**

The Delaware Children's Museum is open seven days a week from 9:00am - 4:30pm, with the exception of Thanksgiving Day, Christmas Day, and New Year's Day. In the spaces below, please indicate when you are always, sometimes, or rarely available to

Weekly Schedule:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Holiday Schedules:

Thanksgiving weekend:	New Year's Eve:	School Holidays:
Winter Break:	Spring Break:	Summer:

Are you available on short notice to help with special events or projects? Yes No

Total hours you would like to volunteer - Per week: Per month:

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**Credit Requirements**

Are you volunteering to fulfill school-related requirements? No Yes; I need to fulfill \_\_\_\_\_ hours

Are there requirements you need to fill as part of this assignment? Please indicate:

Teacher contact: Phone:

School address: Email:

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**References** (Please do not list relatives)

Name: Relationship: Daytime Phone:

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**Background**

Have you ever been suspended or dismissed from an organization as a result of alleged, suspected, or actual acts of abuse?

No Yes; Please explain:

Have you ever been convicted of any crime?

No Yes; Please explain:

Do you consent to filling out a criminal background check and confidentiality agreement upon your interview?

Yes No: Please explain:

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**Signature**

I certify that the information provided in this application is true & correct, and has been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the Delaware Children's Museum from any liability whatsoever for supplying such information. I understand that I will NOT be paid or otherwise compensated for my services as a volunteer. I agree to abide by any and all museum policies and understand if I do not abide by the museum policies, guidelines, and regulations, I may be dismissed from my position as a volunteer.

Signature: Date:

If under the age of 18, please have an adult guardian sign.

Guardian (print):

Signature: Date:

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**For internal use only**

Interviewer: Date:

Placement:

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