

Iowa Children's Museum Volunteer Application

1451 Coral Ridge Avenue, Coralville, IA 52241

Phone: 319-625-6255

Today's Date _____

Availability (when could you be at the ICM?)

Full Name _____

Monday _____

Address _____

Tuesday _____

City, State, Zip _____

Wednesday _____

Phone No. _____

Thursday _____

E-mail address _____

Friday _____

Date of Birth _____

Saturday _____

Sunday _____

Volunteer Interests

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

- | | |
|---|--|
| <input type="checkbox"/> Floor Team Assistant | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Office/Behind the Scenes Assistant | <input type="checkbox"/> Programs |
| <input type="checkbox"/> Prop Cleaning | <input type="checkbox"/> 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 employment 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: _____ Date: _____

(If under 18 years of age)