

Volunteer Application

Name (full name) _____ Date of Birth: ___ / ___ / ___

Address: _____

Daytime Phone: _____ Evening Phone: _____

E-Mail _____ Excel: (circle one) YES NO

Occupation: _____

Employer: _____

Current job responsibilities and schedule: _____

Previous work experience: _____

Volunteer experience: _____

Special interests, hobbies, and skills: _____

How many hours are you available to volunteer per month? _____

_____ Days _____ Evenings _____ Weekends (Please attach Availability Form)

Can you make a commitment to this volunteer role? _____ 6 months _____ 1 year

Do you have your own transportation? Yes No Other: _____

Do you have a valid driver's license? Yes No Other: _____

Why would you like to be a KidSenses volunteer? _____

In which area would you prefer to work) _____

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, abuse, other violent crimes, or theft)? No Yes If yes, please explain fully: _____

I agree to a background check Yes No

If required, would you agree to periodic drug screenings? Yes No

I agree to participate in periodic volunteer training sessions Yes No

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References:

Please list 3 personal references (people who are not related to you by blood or marriage). At least one reference should have knowledge of your participation as an employee or volunteer in a youth program. Please provide a complete address and phone information for each. References are confidential.

1. Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____
Relationship to reference: _____

2. Name: _____
Address: _____
Daytime Phone: _____ Evening Phone: _____
Relationship to reference: _____

3. Name: _____
Address: _____
Daytime Phone: _____ Evening Phone: _____
Relationship to reference: _____

Signature of Applicant Date _____

Volunteer Availability

Name _____

I would like to receive my schedule by: (circle one) **E-MAIL** **SNAIL MAIL**

Please circle which day (s) and shift (s) you wish to volunteer. Please circle all that apply:

Monday: Closed

Tuesday

8:45 am - 1:00 pm
1:00 pm - 5:15 pm

Friday

8:45 am - 1:00 pm
1:00 pm - 5:15 pm

Wednesday

8:45 am - 1:00 pm
1:00 pm - 5:15 pm

Saturday

8:45 am - 1:00 pm
1:00 pm - 5:15 pm

Thursday

Sunday

8:45 am – 1:00 pm
1:00 pm – 5:15 pm

1:00 pm – 3:00 pm
3:00 pm – 5:15 pm

(These are just suggested time blocks. We can accommodate any time to meet your schedule.)

Special Events: as needed

Return to : Debbie Spina, Volunteer Coordinator, KidSenses Children's InterACTIVE Museum, PO Box 150, Rutherfordton, North Carolina, 28139 or Fax 828-286-0697. Should you need more information, please call 828-286-2120 or e-mail [Debbie @KidSenses.com](mailto:Debbie@KidSenses.com)