

Youth Volunteer Application

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

Address: _____

Daytime Phone: _____ Evening Phone: _____

E-Mail _____

School you Currently Attend: _____

Grade: _____

Previous work experience: _____

Volunteer experience: _____

Special interests, hobbies, and skills: _____

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

Availability (check all that apply) _____ Days _____ Evenings _____ Weekends

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 (Museum floor, office, summer camps, special events, etc): _____

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

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

Please return this form to Jessica M. Moss, Executive Director. Drop it off at the Museum Front Desk, Museum Administrative Office, mail to PO Box 150 Rutherfordton, NC, or fax to (828) 286-0697.