



The Children's Museum
OF CLEVELAND

Volunteer Application

Please print in ink or type

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone: Home _____

Work _____

How did you hear about volunteer opportunities at The Children's Museum?

Check here if you are 16 years of age or older _____

Check here if you are 18 years of age or older _____

~ Availability ~

Please indicate which days and hours you are available

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
Until							

Why would you like to volunteer at the Children's Museum?

Please list previous volunteer experience.

Have you ever been convicted of a felony? If so, please elaborate.

Are you willing to submit to a background check and/or fingerprinting if required for certain volunteer activities?

Yes _____ No _____

Will you need documentation of your volunteer hours? If so, for what reason?

~ References ~

If you are 17 years of age or younger, please list a teacher, advisor, administrator, coach or work supervisor who you have worked with or under within the past year.
If you are 18 years of age or older, please include a former employer or co-worker.

Name	Relationship	Address	Daytime Phone

Please read the following carefully before signing this application:

I under and authorize The Children's Museum to verify the information contained on my application. I release The Children's Museum, it's agents and organizations supplying information from all liability and responsibility, damages and clams of any kind arising from this investigation of my background.

I understand that misrepresentation or omissions may be cause for my immediate rejection as and applicant for a volunteer position with The Children's Museum or my termination as a volunteer.

I understand that I may be subjective to fingerprinting and a criminal background check according to Ohio State Law 187, Sec. 109.575.

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I understand that all information will be considered confidential to the fullest extent allowed by law.

Applicant Signature

Date

Parent/Guardian Signature (if Applicant is under 18)

Date