



Volunteer Application

Name: _____ Female Male

Home Phone: _____ Cell Phone: _____ Birth Date (optional): _____

Address: _____

City: _____ State: _____ Zip: _____ E-mail*: _____

(* The Woodlands Children's Museum has my permission to contact me via e-mail at the above address.)

Company/School: _____ Grade Level: _____

Level of Education College High School Trade School

Name of current school: _____

Is volunteering a requirement for school credit? Yes No If so, how many hours? _____

Emergency Contact

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Type of Volunteer

What would you like to learn from your volunteer experience? _____

List your special hobbies, skills, and talents: _____

What languages do you speak fluently? _____

Volunteer work experience: _____

How did you hear about us? _____

Have you ever been convicted of or been on deferred adjudication, or are you now either awaiting trial for or on deferred adjudication for a felony or misdemeanor? Yes No

If yes, describe in full including dates and locations _____

NOTE: Conviction will not necessarily bar volunteer service

Would you be interested in helping with fund raising or special events? Yes No

Availability (check all that apply)

	9:00-noon	noon-3:00	3:00-6:00
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Public Law 91-508 requires that we advise you that a routine inquiry may be made which will provide information concerning your character, reputation, personal characteristics, and mode of living. You may obtain a copy of this information upon written request.

I hereby certify that the information I supplied in this application is true, complete, and correct to the best of my knowledge and I understand that any information I withheld or falsely provided in connection with the foregoing application shall be cause for rejection of this application or termination of volunteer status. I hereby authorize The Woodlands Children's Museum, without liability, to contact prior employers (present employers if authorized), schools, or references I have given and authorize said employers, schools, or references to make full response to any inquiries by The Woodlands Children's Museum in connection with this application for volunteer service, including police records. I HAVE READ, UNDERSTAND, AND AGREE TO THE FOREGOING PARAGRAPHS

Signature _____ Date _____

www.woodlandschildrensmuseum.org/membership

For more information:

(281) 465-0955

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