



# 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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4775 W. Panther Creek Drive  
Suite #280  
The Woodlands, TX 77381