



Volunteer Application

It is the Children's Museum of Brownsville's Policy to make such checks as deemed appropriate on the suitability of any volunteer for the important responsibility of work involving children. It is our policy to treat volunteers with all of the consideration given professionals. All information provided by you is confidential and will be used solely for the purpose of assisting in providing you with the best volunteer experience possible.

Today's Date: _____ Please circle preference: Museum or Outreach

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Cell Phone: _____ Home Phone: _____

E-mail Address: _____

Please circle one: Male or Female Date of Birth: _____ Driver License Number: _____

Previous Volunteer Experience: _____

Parent/Guardian Contact: _____

Home Phone: _____ Cell Phone: _____ Work: _____

School Name: _____ Grade Level: _____

REFERENCES

Please list two references (no family members):

1. Name: _____ Relationship: _____ Phone Number: _____

2. Name: _____ Relationship: _____ Phone Number: _____

Safety is the utmost concern at the Children's Museum of Brownsville. As a result, a background check is done on all volunteers who are 18 years and older.

Have you ever been arrested for a criminal offense (exclude minor traffic violations or an offense finally settled in a Juvenile Court or under a Welfare Youth Offender Law)? If YES, please explain:

I have read and understand all that is in this application packet. I understand that by signing I agree to abide, without reservation, to all policies that are set forth in this application and by the Children's Museum of Brownsville.

If the volunteer is under 18 years of age, parent signature is required.

Volunteer Signature

Parent/Guardian Signature

Date