



Volunteer Application

Date _____

Name _____
Last Middle First

Address _____ Apt. # _____

City _____ State _____ ZIP Code _____

Phone Number _____ Alternate Number _____

EMAIL _____

Have you ever been convicted of a felony? _____ No _____ Yes: _____

Education (circle last grade completed): High School: 9__ 10__ 11__ 12__ College: 1__ 2__ 3__ 4__

Graduate degree(s): _____

Are you a minor (under age 18)? _____ No _____ Yes Name of School: _____

Volunteers must be at least 14 years old. (Parental Signatures required)

Emergency Contact: _____ Relationship: _____

Telephone _____ Alternate Phone _____

Circle one:

COMMUNITY SERVICE (if applicable): _____ Court ordered _____ School ordered _____ Trustee ordered

VOLUNTEER: _____ Regular _____ Summer _____ Service Group Member

Please indicate the days/times you are available to volunteer:

	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning					
Afternoon					
Evening Events					

What talents or skills would you like to share?

- Historical Research _____
- History Museum/Collections _____
- Office skills (please specify) _____
- Genealogy Research _____
- Computer skills (please specify) _____
- Teaching or instructing (please specify) _____
- Special events _____
- Lawn care/Light building maintenance _____
- Working with children's programs _____
- Exhibits (specify) _____
- Fundraising/Development _____
- Graphic Design _____
- Marketing _____

How often would you prefer to volunteer?

- On a regular basis
- As needed
- For special events only (Please specify) _____

Please list any previous jobs or job experiences that might help us match you to a volunteer position, or attach a copy of your resume:

Do you have any preference as to what type of work you are assigned?

HEALTH - Describe any limitations which could interfere with your performance:

STATEMENT OF CONFIDENTIALITY: All volunteers observe the same code of ethics as the salaried staff of the SMCC. SMCC customer and donor information—written, verbal or visual—is considered confidential. Information pertaining directly or indirectly to any staff member, customer or another volunteer shall not be repeated or discussed inside or outside the SMCC.

Applicant Signature _____ Date _____

_____ Date _____

Parental consent Signature (Required for youth ages 14 – 17)

STATEMENT OF COMMITMENT: I certify that the statements made in this application are true and correct and have been given voluntarily. I will observe all the SullivanMunce Cultural Center’s policies and procedures, including confidentiality. I understand and give my permission to release any and all information from your files as permitted by law pertaining to criminal history.

Applicant Signature _____ Date _____

_____ Date _____

Parental consent Signature (Required for youth ages 14 – 17)

WAIVER OF LIABILITY: In consideration, and as a condition, of my acceptance by SullivanMunce Cultural Center (SMCC) as a volunteer for SMCC, I hereby waive, release, and hold harmless SMCC, its officers, directors, employees, representatives, and volunteers from any and all claims and actions related to or arising out of my volunteer activities for SMCC. Volunteer understands that this release discharges HMMPL from any liability or claim that the volunteer may have against SMCC with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the volunteer’s activities.

Applicant Signature _____ Date _____

_____ Date _____

Parental consent Signature (Required for youth ages 14 – 17)

FOR OFFICE USE ONLY

Date sent:	Placement:
Date received:	Supervisor:
Date interviewed:	Start date: