

# Volunteer Application

Name (full name) \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_ Excel: (circle one) YES NO

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Current job responsibilities and schedule: \_\_\_\_\_

Previous work experience: \_\_\_\_\_

Volunteer experience: \_\_\_\_\_

Special interests, hobbies, and skills: \_\_\_\_\_

How many hours are you available to volunteer per month? \_\_\_\_\_

\_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Weekends (Please attach Availability Form)

Can you make a commitment to this volunteer role? \_\_\_\_\_ 6 months \_\_\_\_\_ 1 year

Do you have your own transportation? Yes No Other: \_\_\_\_\_

Do you have a valid driver's license? Yes No Other: \_\_\_\_\_

Why would you like to be a KidSenses volunteer? \_\_\_\_\_

In which area would you prefer to work) \_\_\_\_\_

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, abuse, other violent crimes, or theft)?

No Yes If yes, please explain fully:

I agree to a background check Yes No

If required, would you agree to periodic drug screenings? Yes No

I agree to participate in periodic volunteer training sessions Yes No

**References:**

**Please list 3 personal references (people who are not related to you by blood or marriage). At least one reference should have knowledge of your participation as an employee or volunteer in a youth program. Please provide a complete address and phone information for each. References are confidential.**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Return to Gale Bischoff, Operations Coordinator, KidSenses Children's InterACTIVE Museum,  
PO Box 150, Rutherfordton, North Carolina 28139. Should you need more information, please  
email [Gale@kidsenses.org](mailto:Gale@kidsenses.org)*