



Volunteer Application

Grand Rapids Children's Museum
22 Sheldon NE
Grand Rapids, MI 49503
www.grcm.org

Today's Date _____

The Grand Rapids Children's Museum celebrates childhood and the joy of learning by providing an exciting hands-on environment that inspires learning and encourages self-directed exploration.

Personal Information

Name (Last) _____ (First) _____ (Middle Initial) _____

Address (Street) _____ (City) _____ (State) _____ (Zip) _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail address _____

Date of Birth _____ Gender: Male ____ Female ____

Have you ever been convicted of a felony or misdemeanor? Yes ____ No ____

Are there any felony charges pending against you? Yes ____ No ____

Explain: _____

Education

School/college name _____ Attended from _____ To _____

Current Grade level _____ Degree/Major _____ Other education or experience which you feel is relevant _____

Volunteer Experience

How did you learn about the volunteer program? _____

Have you volunteered elsewhere? If yes, where? _____

Describe previous experience working with children _____

List hobbies or other skills that might be relevant to volunteering _____

List clubs and organizations you belong to _____

Employment

Please check all that apply: I am currently Employed _____ Unemployed _____ Retired _____ Student _____

Employer's Name _____ Job Title _____

Address _____ From _____ To _____

Employer's Name _____ Job Title _____

Address _____ From _____ To _____

Volunteer Goals

Why do you want to volunteer at the Grand Rapids Children's Museum? _____

Are you volunteering as part of a school requirement? If yes, please explain _____

How many hours per week/month do you wish to volunteer? _____

Do you want to volunteer: directly with children _____ office/behind the scenes _____ exhibit maintenance _____
(Check all that apply)

In Case of Emergency please notify (Must be completed) (Please print clearly)

Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Please read and sign

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsified statements on this application shall be grounds for dismissal from the Grand Rapids Children's Museum (GRCM) volunteer program. I understand that my volunteer status may be terminated at any time by either party with or without cause. I further agree to comply with the policies and procedures, as well as safety practices, in all areas of the GRCM.

I authorize the GRCM to check and verify all information on this application. In order to serve the best interest of Museum visitors, GRCM will conduct a criminal background check on all interns, work study students and volunteers. I fully release references, employers and the GRCM from any liability resulting from the verification process.

I have read, or have had read to me, and understand the above statement.

Applicant's Signature _____ Date _____

(If applicant is under of the age of 18 a parental permission form is also required.)
