



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.

Name w/ middle initial _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Date of Birth ____/____/____ Gender: Male Female

Have you ever been convicted of a felony? Yes No

Are there any felony charges pending against you? Yes No

Explain: _____

School/College Name _____ Attended from _____ To _____

Grade/Level _____ Degree/Major _____

Other relevant education or experience _____

How did you learn about the volunteer program? _____

Have you volunteered anywhere else? If yes, where? _____

Describe previous experience working with children. _____

List skills or hobbies relevant to volunteering. _____

List clubs and organizations you belong to. _____

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 do you wish to volunteer? _____

Do you want to volunteer: Directly with children Behind the scenes Exhibit maintenance

(Check all that apply.)

Special event, please indicate: _____

IN CASE OF EMERGENCY

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

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.)

