



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

Name with middle initial _____

Address _____

City _____ State _____ Zip code _____

Phone _____ Email _____

Date of birth _____

Gender (This information is for background check purposes only) Male Female

Race	American Indian or Alaskan native	Asian or Pacific Islander	Black
	Unknown/Other White		

Have you ever been convicted of a felony Yes No

Are there any felony charges pending against you? Yes No

Volunteer Goals

How did you learn about the volunteer program _____

Have you volunteered anywhere else? Yes No

If yes, where? _____

Describe previous experience working with children.

List skills or hobbies relevant to volunteering:

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

Are you volunteering as part of a school requirement? Yes No

If yes, please explain:





Emergency Contact List

In case of emergency, contact:

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 GRCM from any liability resulting from the verification process.

I have read, or have had read to me, and understand the above statement. Please type your name below and your 4 digit zip code and first 3 digits of your phone # as electronic verification.

Applicant's Signature _____ Date _____

Electronic verification # _____

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

