



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.

The information being requested and provided will be used for purposes of an ICHAT background check. All information used for and received from the ICHAT results will be kept confidential. ICHAT background checks are name checks only, anyone who declines a background check will not be considered as a volunteer. ICHAT background checks will be re-run annually for long-term volunteers.

First Legal Name: _____ Middle Initial: _____

Last Legal Name: _____

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? _____

Do you have previous experience working with children?

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. Include the amount of hours needed and the deadline you need hours completed by:

Are you looking to volunteer short-term, long-term, or at one of our events?

_____Short-term (limited time) _____Long-term (6 months+) _____One-time (at an event or similar)





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, _____, hereby agree and acknowledge that all information provided by me is true and accurate 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. In order to serve the best interest of Museum visitors, I authorize the Grand Rapids Children's Museum to conduct a name check through the Michigan State Police (MSP) ICHAT verification system. 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.)

