

KIDZU CHILDREN'S MUSEUM

VOLUNTEER APPLICATION

Thank you for your interest in volunteering with Kidzu Children's Museum! Please share the information requested below so that we can learn more about your interests and skills. Completed applications may be returned by email to clossick@kidzuchildrensmuseum.org, by mail to 105 East Franklin St, Chapel Hill 27514, or may be dropped off in person at the same address. Questions? Feel free to contact Tina Clossick at 933-1455.

Personal Information

Mrs. Ms. Miss Mr. Dr. First Name _____ Middle Initial _____ Last Name _____

Date of Birth ___/___/___ How would you like your first name to appear on your nametag? _____

Street Address _____ City _____ State _____ Zip _____

Preferred Phone #: _____ Check one: Home Cell Work

Other Phone #: _____ Check one: Home Cell Work

Email address _____

Who should we contact in case of emergency? First Name _____ Last Name _____

Preferred Phone #: _____ Other Phone #: _____

Your Availability

Our primary need is for volunteers who can make an ongoing commitment (or weekly) to the museum. However, we will also have occasional need for help with one-time events and special projects. Ongoing volunteers are required to work a minimum of 2 hours a week and make at least a 10 hours total. We will be open Tuesday-Saturday from 10 am to 5pm, Sunday 1pm-5pm, with birthday parties are held Fridays 5:30-7:30 and Sunday 10:30-12:30. We may also occasionally need volunteers on other days of the week or on selected evenings.

Please check one: I am only available for one-time projects, special events or during a one-week period.

I can make an ongoing commitment to the museum (weekly commitment).

If you can make an ongoing commitment, please tell us the following:

I would like to volunteer _____ hours a week. (minimum of 2 hours a week for ongoing volunteers)

I can volunteer starting _____,200___ and will be able to volunteer until _____ (month), 200___

I am available to volunteer at the following times:

Tuesday: _____ Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____ Sunday: _____

Relevant Experience & Education

If you hold any degrees, please list degrees and fields here: _____

If you are currently employed:

Name of Employer _____

Your Position _____

If you are retired or are not currently employed, please briefly describe your previous career(s).

All applicants: Please list other relevant paid or volunteer positions that you have held or currently hold (feel free to attach resume or use the back of this sheet).

1. Organization Name _____ Paid or Volunteer Dates ____ - ____

Position _____

2. Organization Name _____ Paid or Volunteer Dates ____ - ____

Position _____

3. Organization Name _____ Paid or Volunteer Dates ____ - ____

Position _____

If you are currently a student (volunteers must be 15 years or older):

Name of School _____ Year: Freshman Soph. Junior Senior Grad. Student

Major/Area of Study (if declared): _____ Expected Graduation Date: ____ (mo) ____ (yr)

Other Skills & Talents

1. Do you have experience interacting with infants or young children? Yes No

If yes, what ages? _____ In what roles? _____

2. Do you have experience working with children with special needs? Yes No

If yes, please describe the types of special needs with which you are familiar _____

3. Please list any languages you speak in addition to English:

Language 1 _____ basic proficient fluent Language 2 _____ basic proficient fluent

Can feel comfortable enough to provide translation help in any language _____

4. Do you have customer service or retail experience? Yes No If yes, please describe _____

5. Please tell us about any other relevant skills or talents you can offer: _____

Volunteer Interests

How would you like to be involved with Kidzu Children's Museum? Please check all areas that are of interest to you:

Interact with kids...

- Front Desk support (you must have some customer service or retail experience)
- Play/Learning Guide in exhibit areas
- Studio Assistant for drop-in creative arts and crafts (Tues-Fri either 11-12 or 2-3pm)
- Field Trip Assistant for group visits (Wed or Thursday 9-10am)
- Story Time Reader and Singer. Check all that are of interest:
 - Toddler (for ages 0-6) Tuesday 10:30am
 - Preschool (for ages 3-6) Fridays 10:30am
 - Spanish story times (2 Sunday's a month at 1:30pm) (for ages 3-7)
- Birthday Party Assistant (Friday 5:30-7:30pm, Saturdays 3-5pm or Sundays 10:30-12:30)
- Evening Special Event Assistant
- Artist-in-Residence. I can lead a workshop in A language other than English Music Program Art Program

Please explain _____

Other _____

Work behind the scenes...

- Graphic Design help (creating signage for exhibit elements)
- Exhibit Assistant (help us with prop repair upkeep and with theme and seasonal changes)
- Assist with occasional large mailings or assembly projects
- Office Assistant (filing, collating, data entry etc.)
- General handyperson, skills in _____
- Other _____

Help with special events...

- Special events as my schedule permits

What do you hope to gain through volunteering at Kidzu Children's Museum? _____

Service Mandates*

**Please note that we do not accept punitive or court ordered community service restitution.*

Are you required to complete service hours? Yes No

If yes, Organization Name _____

Address _____ Phone _____

How many hours must you complete? _____ By when? _____

References

We care about the safety of our young visitors, as we know you do. **Placement in a volunteer assignment is contingent upon successful completion of reference checks and a Criminal Background Check.** Please provide contact information for two references that are familiar with your relevant skills and experience. If possible, please list references who have served as a work, volunteer, or academic supervisor.

1. Mrs. Ms. Miss Mr. Dr. First Name _____ Last Name _____

Organization _____

In what role does this person know you? (e.g., supervisor, academic advisor, etc.) _____

Phone #: _____ Check one: Home Cell Work

Email address _____

2. Mrs. Ms. Miss Mr. Dr. First Name _____ Last Name _____

Organization _____

In what role does this person know you? (e.g., supervisor, academic advisor, etc.) _____

Phone #: _____ Check one: Home Cell Work

Email address _____

Background Check

We care about the safety of our young visitors, as we know you do. **Employment at Kidzu Children's Museum is contingent upon successful completion of a Criminal Background Check.**

- ◆ **Have you ever been convicted of any unlawful offense (other than a minor traffic violation)?** If yes, list the conviction, date, and county and state of conviction. (use reverse side of form if needed).

Conviction	Date	County	State
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Sign and Date

Please read the following and sign below:

I certify that the answers given by me to the foregoing questions and statements are true, correct and without omissions. I authorize Kidzu Children's Museum to investigate and/or verify the foregoing information to assist them in determining my qualifications for volunteering. I further agree to comply with the policies and procedures, as well as safety practices, in all areas of Kidzu Children's Museum. I understand that my volunteer status may be terminated at any time for failure to comply with policies and procedures of Kidzu Children's Museum.

Name (please print) _____

*Signature _____ Date _____

**Please note that if this application had been filled out electronically, volunteers will be required to sign a hard copy application prior to beginning work with the museum.*