



FOR STAFF USE ONLY
Date Received: _____
Student <input type="checkbox"/> Adult <input type="checkbox"/> Senior <input type="checkbox"/>

VOLUNTEER APPLICATION

Thank you for your interest in volunteering with Kidzu Children's Museum! Please complete the information requested below and send it to us either by mail or in person to 201 S. Estes Drive, Ste A9, Chapel Hill, NC 27514 (in University Place next to Planet Fitness). Once we have your completed application our staff will email you to set up a volunteer orientation session. Questions? Feel free to contact us at 919-933-1455.

All volunteers must be at least 14 years of age to work in the museum. Children age 12 & 13 may assist with special programs and outreach events when oversight is available.

Personal Information

First Name _____ M.I. _____ Last Name _____

Date of Birth ____ / ____ / ____

How would you like your first name to appear on your nametag? _____

Street Address _____ City _____ State _____ Zip _____

Preferred Phone Number _____ Home Cell Work

Other Phone Number _____ Home Cell Work

Email Address _____

Primary Emergency Contact _____ Phone Number _____

If under 18 Parent/Guardian Email Address _____

Your Availability

Our primary need is for volunteers who can make an ongoing weekly commitment to the museum. However, we will also have an occasional need for help with one-time events and special projects. Ongoing volunteers are required to work a minimum of 2 hours per week and make a minimum 15 hour total commitment.

- Please check one:**
- I am only available for one-time projects, special events, or during a one-week period.
 - I can make an ongoing weekly commitment for the time period listed below.

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

I would like to volunteer ____ hours per week. *(2 hr minimum for ongoing volunteers, max of 5 hrs in a single day)*

I am able to start volunteering on ____ / ____ / ____ and I can continue to volunteer until ____ / ____ / ____

I am available to volunteer at the following times: (*volunteers can work set times each week or vary hours weekly*)

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____
Friday: _____ Saturday: _____ Sunday: _____

Relevant Experience & Education

All applicants: Please list relevant paid or volunteer positions that you have held or currently hold.

1. Organization Name _____ Employee Volunteer
Dates ____ - ____ Position _____
2. Organization Name _____ Employee Volunteer
Dates ____ - ____ Position _____
3. Organization Name _____ Employee Volunteer
Dates ____ - ____ Position _____

If you are currently a student?

Name of School _____ City/State of School _____

Middle School; High School: Freshman Soph. Junior Senior; Grad. Student

Major/Area of Study _____ Expected Graduation Date ____ / ____

Other Skills & Talents

Please list any languages you speak in addition to English:

Language(s) _____ Basic Proficient Fluent

Do you feel comfortable enough to provide translation? Yes No If so, in which language? _____

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? Further descriptions of these can be found on the Kidzu website (www.kidzuchildrensmuseum.org). Please check all areas that are of interest to you:

- | | |
|--|--|
| <input type="checkbox"/> Studio/Makery Assistant | <input type="checkbox"/> Behind-the-Scenes Volunteer |
| <input type="checkbox"/> Program-Based Volunteer | <input type="checkbox"/> Play/ Learning Guide (Exhibit Facilitators) |
| <input type="checkbox"/> Spark Cart Volunteer | <input type="checkbox"/> Special Event Volunteer |
| <input type="checkbox"/> Summer Camp Volunteer (<i>must fill out seperate application</i>) | |
| <input type="checkbox"/> Other _____ | |

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, please provide the following information:

Organization Name _____

Address _____ Phone _____

How many hours must you complete? _____ By what date? _____

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/state of conviction. (Use reverse side of form if needed).

Conviction	Date	County	State

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.

I understand that this volunteer position is considered a real job and will be treated as such. It is not only my, but also my parent(s)/ legal gaurdian(s) responsibility to ensure that I am here for each scheduled shift, and that I adhere to all absence and tardiness policies. I and my parent(s)/legal guardian(s) fully comprehend my volunteer role and are expected to comply at all times.

Full Name (please print) _____

Signature _____ **Date** _____