North Museum of Natural History and Science
400 College Avenue, Lancaster, PA 17603 (717) 291-3943
Volunteer Application

Please print Today's Date _____

Name _____ Prefer to be called: _____

Street Address _____

Town _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Email_____ Cell Phone_____

Employer/School_____ Occupation /Grade_____

Indicate special skills that you possess:

- ❑ People skills: working with small or large groups of varying ages
- ❑ Public speaking
- ❑ Computer skills: list programs you operate competently _____
- ❑ Organizational skills: writing reports, compiling statistics, taking inventory, etc.
- ❑ Teaching skills
- ❑ Telephone skills
- ❑ Fundraising skills
- ❑ Retail mgt./buying
- ❑ Carpentry
- ❑ Other skills:

_____

Which of the following volunteer opportunities interests you? (you may select more than one)

- ❑ Museum Guide
- ❑ Docent
- ❑ Clerical Associate
- ❑ Visitor Services Associate
- ❑ Collections Associate
- ❑ Curator: Area of Expertise _____
- ❑ Live Animal Room Associate
- ❑ Education Assistant
- ❑ Handy Helper
- ❑ Special Event Associate
- ❑ Other (i.e. Board Member) _____

Please give the reason(s) you selected the above position for volunteering at the North Museum_____

_____

_____

_____

Do you have any previous or current employment or volunteer experience that is relevant to your anticipated volunteer placement? _____

_____

Volunteer Experience: Please provide accurate and complete information for current/most recent volunteer experiences. You may attach additional sheet (s) if necessary.

Organization Name:_____

Address:_____

Dates: From_____To_____ Reason for Leaving _____

Position(s)_____Responsibilities_____

_____

Supervisor's name:_____ Telephone_____

Organization Name:_____

Address:_____

Dates: From_____To_____ Reason for Leaving _____

Position(s)_____Responsibilities_____

_____

Supervisor's name:_____ Telephone_____

Availability (Mark times you are available)

	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning	☐	☐	☐	☐	☐	☐
Afternoon	☐	☐	☐	☐	☐	☐

How often will be able to volunteer: Once a week____ Twice a week____More than once a week_____

Once a month_____ Twice a month_____ More than twice a month_____ On call_____

When are you available during the summer? (if different) _____

When are you able to begin training and volunteering? _____

Are you or your family currently members of the North Museum? Yes _____ No_____

Would you like to receive information on becoming a North Museum Member? Yes_____ No_____

Have you ever been convicted of a felony? Yes____ No_____

Have you ever been convicted of a sexual offense? Yes_____ No_____

Have you ever been convicted of animal cruelty? Yes _____ No_____

Have you ever been released/dismissed from any other volunteer program? Yes____ No ___

If you answered yes to any of the above questions, please explain (Please note that a "yes" answer to any of the above questions may not necessarily exclude you from volunteering)._____

_____

_____

REFERENCES: Name three people not related to you who have knowledge of your work/volunteer experience within the last three years. If this does not apply, then provides school or personal references who are not related to you.

Name	Address	Telephone	Email	Relationship

Emergency contact: Name_____ Relationship_____

Day Phone:_____Evening Phone:_____

Cell Phone:_____ Email Address:_____

Address:_____

Are there any medical conditions about which the North Museum should be aware that may affect your safety or that of visitors, employees or other volunteers?

_____

PHOTO RELEASE:

ˆ I hereby grant to the North Museum of Natural History & Science the rights to use my image for Museum exhibit displays and/or public relations. The photos will not be used for for retail sale or retail products.

□ I do not grant to the North Museum of Natural History & Science the rights to use my image for Museum displays and/or public relations.

SIGNATURE:

I certify that the information provided in the Volunteer Application is true and correct, and has been given voluntarily. Information on this form may be used and disclosed for the purposes of the North Museum Volunteer Program only. I understand that volunteer placement is a selection process and not all applicants are accepted into the program. I understand the Museum reserves the right to place volunteers in the area the Museum staff feels is best suited to my skills and needs of the Museum. I am free to accept or refuse any placement offered to me. I understand that volunteer placement that involves working with children is subject to appropriate criminal background checks and a request for child abuse history clearance. I agree to hold North Museum, its' agents, employees and volunteers harmless from any liability, loss, expense or claim for injury and damage arising from my participation in this program. I have read and understand the Photo Release.

Signature _____ Date _____

Parent/Guardian Signature (if under 18)_____ Date _____