



Volunteer Application

TODAY'S DATE: _____

Contact Information:	
Name	
Street Address	
City ST ZIP Code	
Daytime Phone	
E-Mail Address	

Are You Under the Age of 18? If yes, provide birthdate and parent signature.	
Date of birth	
Parent Signature	

Availability
Children's Museum of Jamestown is not open on Mondays, open 9am to 5pm other days.
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
From _____am/pm to _____am/pm ** Hours per week you would like to volunteer _____

Additional information:

Court ordered
Are you volunteering to fulfill court-ordered community service? <input type="checkbox"/> YES <input type="checkbox"/> NO

Volunteer Opportunities
Please list your volunteer interests.



Volunteer Application

Special Skills or Qualifications

Summarize special skills, qualifications and language skills you have gained from employment, previous volunteer work, education, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Have you volunteered before in a library or at any other organizations? Please describe your experience.

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Computer Experience

Please describe your experience.

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Emergency Contact Information

Name:	Relation:
Phone:	Alternate Phone:
Address:	

(_____ CMJ use only. _____)

Interviewer: _____

Date:

Placement: _____

Start Date:

Other Notes: