



Adult Volunteer Application

Materials can be returned to the Museum via mail or email.

Applicant Information

Name _____ Application Date _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

References

Reference 1 _____ Relationship _____ Phone Number _____

Reference 2 _____ Relationship _____ Phone Number _____

Reference 3 _____ Relationship _____ Phone Number _____

Volunteer Interests and Availability

Please indicate what days and times you are available to volunteer: _____

Do you speak a second language that you would be willing to use while volunteering? If yes, which language?

What position are you interested in volunteering for? Please note your first choice might not be available.

Do you have any special skills you'd like to share with Portland Children's Museum as a volunteer? _____

Emergency Contact Information

Emergency Contact 1 _____ Relationship _____ Phone Number _____

Emergency Contact 2 _____ Relationship _____ Phone Number _____

Insurance Information for Volunteers

Thank you for applying to Portland Children’s Museum Volunteer Program.

We have an excellent safety record. We don’t anticipate that you would be involved in an accident, but it is important you understand that should you be accepted as a volunteer at the Children’s Museum, you would NOT be covered by the Children’s Museum Worker’s Compensation program. You are urged to have your own health insurance in the event you are injured while performing your volunteer duties.

Name (please print): _____

Signature: _____

Volunteer Criminal Records Check Consent Form

In order to serve the best interest of museum visitors, CHILDREN’S MUSEUM conducts a criminal background check on all new employees, interns, and volunteers. If you have been convicted of an offense other than a minor traffic violation or juvenile offense, please provide details below. Indicate the date, charges, disposition, and the state and county in which the offense occurred. Conviction history will not automatically disqualify you from volunteer/intern status, but factors such as the nature and gravity of the crime, the length of time that has passed since the conviction, the completion of any sentence and the nature of the job for which you have applied, will be considered.

By your signature, you authorize CHILDREN’S MUSEUM to obtain information about you and your history. Falsification of information on this form will disqualify you from volunteering.

Please PRINT the following information in ink:

Full Name (last, first, middle): _____ Other names used:

Date of Birth: _____ Driver’s License (State/#): _____

Home Address: _____

City/State/Zip: _____ Phone _____

How long have you lived in Oregon? _____ If less than 7 yrs. continuous in Oregon, please list other city/state/zip/county/dates. _____

Have you ever been convicted of any crime? Yes No

Please list ALL criminal convictions made against you:

Name (when charged)	Conviction	Date	Where Occurred(city/state)
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I acknowledge the above information I accurate. I understand falsification of information will void this application or lead to immediate dismissal. I authorize Portland Children’s Museum to verify this information and conduct a background check.

Applicant’s signature: _____ **Date:** _____

RELEASE FORM

I consent to, and authorize the taking, use, and reproduction of images and audio, of me at Portland Children’s Museum by any media entity or individual hired by Portland Children’s Museum. I understand that I will not be compensated for the use of my images.

This release shall remain in effect unless and until I notify the Museum of my revocation in writing, and agree that such revocation will apply only to materials, presentations, or publications produced or printed by the Museum after receipt of my written notification.

Signature: _____

Applicant’s Certification – please read carefully before signing this application:

- Portland Children’s Museum is an equal opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital status or military service or any state protected classifications. We honor and value diversity in the workplace.
- No applicant will be rejected as a result of an impairment that, with reasonable accommodation, does not prevent performance of the work.
- Portland Children’s Museum does not tolerate sexual harassment or harassment on the basis of any protected class status in the work place.
- I certify that I have answered truthfully and have not knowingly withheld information relative to my application. I understand that any misrepresentation or material omission on the application will result in my being eliminated from further consideration. I further understand that, if accepted to volunteer, any misrepresentation or material omission that becomes known to Portland Children’s Museum may result in my immediate termination.
- I hereby authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give Portland Children’s Museum representatives any and all information regarding me and my previous experience. I release Portland Children’s Museum and all previous employers and supervisors from liability for any damages that may result from furnishing information to Portland Children’s Museum.
- The skill sets of the applicant will be compared to the skill sets needed to fulfill the job descriptions. Placement will be based on the recommendation of the volunteer and the Museum supervisor, and the willingness of the applicant to perform the required duties at the times needed by Portland Children’s Museum.

- If accepted to volunteer, I agree to adhere to all existing and future instruction, rules, and policies of Portland Children’s Museum. I understand that my position can be terminated at any time, at the option of either Portland Children’s Museum or myself.
- I agree that I offer my services as a volunteer with no expectation of monetary compensation and that I am to fulfill the commitment as outlined including any required training.

I have read and reviewed the above certification statements and other information provided in the application.

Applicant’s Signature: _____ **Date:** _____