

VOLUNTEER APPLICATION FORM

PLEASE NOTE: Museum Volunteers must be a minimum of 14 years of age.

PLEASE PRINT

Mr.

Ms.

Date Received: _____

Last Name: _____ First Name: _____

Home Address: _____ City: _____

Province: _____ Postal Code: _____

Phone: Home _____ Business _____ Cellular _____

E-mail: _____ Fax / Other: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Phone: Home _____ Business _____ Cellular _____

EDUCATION: *Formal education is not required to be a volunteer. We welcome experience of all kinds.*

| School / Training Institution | Name of School & Course of Study | Highest Level Completed | Currently Attending Yes / No |
|---------------------------------------|----------------------------------|-------------------------|------------------------------|
| Junior High School | | | |
| High School | | | |
| Post Secondary – College / University | | | |
| Special skills or training received: | | | |

Are you receiving academic credit for your volunteer work? Yes No Required number of hours _____

EMPLOYMENT HISTORY

| Company Name/Employer | Your Job Title | From | To | Reason for Leaving |
|-----------------------|----------------|------|----|--------------------|
| | | | | |
| | | | | |
| | | | | |

Present Employment Status:

Working full time _____ Working part time _____ Retired _____ Student _____ Unemployed _____

YOUR VOLUNTEER WORK

| Organization | Your Placement | From | To | Reason for leaving |
|--------------|----------------|------|----|--------------------|
| | | | | |
| | | | | |
| | | | | |

Have you ever applied to volunteer with the Museum before? Yes No If yes, when? _____

Please check () the times that you are available to volunteer, or indicate flexible _____.

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |

How long of a commitment are you prepared to make? 3 months _____ 6 months _____ 1 year + _____

How often would you like to volunteer? 1 shift every 2 weeks 1 shift/week 2-3 shifts/week 4 or more

Check the skills and experience you would bring to your volunteer role:

- | | | |
|---|---|---|
| <input type="checkbox"/> Organizational Skills | <input type="checkbox"/> Experience with the public | <input type="checkbox"/> Languages spoken _____ |
| <input type="checkbox"/> Musical ability | <input type="checkbox"/> Experience with children | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Teaching skills/experience | <input type="checkbox"/> Retail experience | <input type="checkbox"/> Computer skills: |
| <input type="checkbox"/> Public speaking | <input type="checkbox"/> Field work experience | <input type="checkbox"/> word processing <input type="checkbox"/> website skills |
| <input type="checkbox"/> Acting skills/experience | <input type="checkbox"/> Electronic skills | <input type="checkbox"/> internet skills <input type="checkbox"/> troubleshooting |
| | | <input type="checkbox"/> installing hardware |

Check your reasons for wanting to volunteer:

- | | | |
|---|--|---|
| <input type="checkbox"/> For academic credit | <input type="checkbox"/> To learn new skills | <input type="checkbox"/> To practice English skills |
| <input type="checkbox"/> To gain job-related experience | <input type="checkbox"/> To share my knowledge | <input type="checkbox"/> For social interaction |
| <input type="checkbox"/> To explore a career(s) | <input type="checkbox"/> To help others | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> To stay active and involved | <input type="checkbox"/> To support the Museum | _____ |

What type of volunteer positions interest you?

- | | | |
|--|--|--|
| <input type="checkbox"/> Clerical (word processing, filing) | <input type="checkbox"/> School Program Interpretation | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Museum Shop (Retail) | <input type="checkbox"/> Public Program Interpretation | <input type="checkbox"/> Volunteer management |
| <input type="checkbox"/> Computer Technology | <input type="checkbox"/> Day Camp Assistant | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Collections/Lab Assistance –please note specific education/skills are required. | | |

Please list two references – past or present employers, volunteer administrators, teachers, etc. We cannot accept family members or personal friends as references

| Name | Relationship | Phone Number |
|------|--------------|--------------|
| | | |
| | | |

I hereby authorize The Manitoba Museum to contact the above named references to establish my suitability as a volunteer and I hereby release them and their company from all liability for any damage for issuing same. I further authorize the Volunteer Department to maintain this information in their records and release and absolve them from liability that may otherwise accrue by reason of their keeping this information and using it for their purpose.

Disclaimer: *It is the policy of The Manitoba Museum to screen all prospective volunteers. While we try to place every applicant, we reserve the right to select applicants according to our needs and criteria.*

I understand and will respect the confidential nature of information I might have access to in performing my volunteer duties for The Manitoba Museum.

Signature of Applicant: _____ **Date** _____

Parental Consent (required for applicants under the age of 18)

I give _____ my consent to work as a volunteer at The Manitoba Museum.

Signature _____ **Date** _____

Sharing of Personal Information

Initial here

I authorize The Manitoba Museum to publish my name

in its Annual Report

Yes No

in the Features newsletter

Yes No

The Volunteer Resources Office may share my contact information with:

the Fund Development Office

Yes No

the Membership Office

Yes No

| For Office Use Only | |
|--|-------------------------|
| Date Received _____ | Assignment: _____ |
| Date Interviewed _____ | Supervisor: _____ |
| Photo Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No | Additional Information: |
| Child Abuse Registry Check completed: <input type="checkbox"/> Yes <input type="checkbox"/> No | |