



31 Pecks Lane Unit 11 Newtown, CT 06470
info@everwondermuseum.org
everwondermuseum.org
203.364.4009

Volunteer Application

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____

Are you 14 years or older? YES NO

What type(s) of volunteer opportunities are you interested in? (Check all that apply)

- Museum educator (docent)
 - After school programs
 - Prepping for programs/labs
 - Birthday parties
 - Digital media lab
 - Special events
 - General maintenance
 - Parents' Night Out
 - Teaching
 - Summer Camp
 - Program assistant (on and off site)
- Other (specify) _____

Education

High School: _____
College: _____

References

List two people that we may contact who have known you for more than one year and are not related to you:

Name	Phone	Relationship

Experience

List any relevant work or volunteer experience (indicate W or V):

Employer	W/V	Job Title	Dates

Please list any hobbies, skills, projects, or special interests you would like to share:

Why do you want to volunteer at EverWonder Children's Museum?

What do you feel are your strongest skills?

How often can you volunteer?

Every week Every other week Once a month

Other (specify) _____

What day(s) can you volunteer? (Check all that apply)

Tues Wed Thurs Fri Sat Sun

What time(s) can you volunteer? (Check all that apply)

9 - 11a 11a - 1p 1 - 3p 3 - 5p

Have you ever been convicted of, or have a pending arrest involving any crime, including but not limited to any crime that is sexual and or child abuse related? If yes, please explain: _____

Advisory - A check of the volunteer applicant's criminal history may be made to verify the responses to the above questions for the sole purpose of ensuring the safety of the staff, volunteers, and visitors. No applicant will be denied volunteer status solely on the grounds of conviction of a crime. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position will be considered.

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and active volunteer status may be terminated at anytime. I agree to adhere to the policies and regulations of EverWonder Children's Museum and agree that my volunteer status can be terminated, with or without cause, and with or without notice by EverWonder Children's Museum.

Applicant's Signature

Date

Please return to the address below or email to: info@everwondermuseum.org

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