

Bootheel Youth Museum Volunteer Application

_____ First Name	_____ Nick Name	_____ Middle Initial	_____ Last Name
_____ Address		_____ Cell Phone	
_____ City	_____ State	_____ Zip	_____ Home Phone
_____ Email		_____ Emergency Phone (guardian)	
<input type="checkbox"/> Female <input type="checkbox"/> Male		_____ Date of Birth	

What is the best way for use to communicate with you?

Email Home Phone Cell Phone Text

Are you over the age of 21? Yes No

If you are under 21 please have a parent or guardian fill out the section below.

_____ Name	_____ Cell Phone	
_____ Address	_____ Home Phone	
_____ City	_____ State	_____ Zip

_____ Employer/Company/School Name	_____ Occupation		
_____ Address	_____ City	_____ State	_____ Zip

Does your employer have a matching gift program Yes No

_____ Emergency Contact	_____ Relationship	_____ Phone Number
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Are you Currently a student? If so
Where? _____

Aside from English, are you fluent any other
languages? If so what language? _____

Do you have any health concerns that might impact your volunteer
service here at the BYM? (Allergies, disabilities, injuries, chronic illnesses etc.) _____

Volunteer Term: Please select one (or all) periods of service which best reflect your time and availability:

Winter Spring Summer Fall Year Round

AVAILABILITY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings	_____	_____	_____	_____	_____	_____	_____
Afternoons	_____	_____	_____	_____	_____	_____	_____

Please indicate the activities that interest you.

Office Carpentry Painting Education Gallery Attendant
 Fundraising Crafting Party Room Gardening Electrical

Do you have a special interest in a specific part of the museum or its operation?

Science Exhibits Theater Marketing Lewis & Clark Children's Village
 News letter Grant writing AmeriCorps _____ _____

Bootheel Youth Museum

VOLUNTEER APPLICATION ACKNOWLEDGMENT

- I understand that this is an application for volunteering, and not a commitment or promise of volunteer opportunity.
- I certify that I have and will provide information throughout the selection process, including on this application and in interviews with BYM that is true, correct and complete to the best of my knowledge.
- I certify that I have and will answer all questions to the best of my ability and that I have not withheld and will not withhold any information that would unfavorably affect my application for a volunteer position.
- I understand that the information contained on my application will be verified by BYM and I hereby give permission for BYM to contact anyone it deems necessary to investigate or verify any information provided by me to discuss my suitability for a volunteer position, including my background, volunteer experience, education or related matters.
- I voluntarily and knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar cause of action against anyone providing such information.
- I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with BYM or my termination as a volunteer.

Signature

Date

Print Name

Signature of Parent or Guardian

Date

Name of Parent or Guardian