



Volunteer Application

Thank you for your interest in the volunteer program at the DuPage Children's Museum. Many people apply to volunteer at the Museum. We have limited positions available. We will review your application based on our current volunteer needs. We will contact you and advise you if we have an available position or if we'll be keeping your application on file for 6 months. Please fill out both sides of this form in as much detail as possible.

Name (last) _____ (first) _____
 Address _____ Years at this address _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ ext. _____
 Cell Phone _____ Best time to call _____
 E-mail _____
 Birth date (month/day) _____ Are you under 18? (if yes, age) _____

Education

School/college name _____ Attended from _____ To _____
 Current Grade level _____ GPA _____ Clubs _____
 Service Hours needed Yes No How many hours _____ Deadline _____

Summary of Experiences

Briefly summarize your overall experiences. EG. 8 years experience as a pre-school teacher; 6 weeks as a camp counselor for 3-7 year olds; 12 years as a carpenter; 6 months retail experience at the Gap on the weekends.

Employment

Employer Name _____ Current Previous
 Address _____ From _____ To _____
 Position Title _____ Position Duties _____

Volunteer Experience

How did you learn about the volunteer program (newspaper, web, friend, etc) _____
 If a staff or volunteer referred you please give their full name _____
 Why do you want to volunteer at DCM _____
 Do you want to volunteer with children office or behind the scenes Other _____
 Are you able to commit to volunteering for 3 months 6 months more than 1 year
 Are you able to attend an interview, an orientation and training prior to becoming a volunteer Yes No
 Available days and times you are able to volunteer _____

Please turn over

Volunteer Experience *continued*

Organization _____ Current Previous
Address _____ From _____ To _____
Position Title _____ Position Duties _____

Organization _____ Current Previous
Address _____ From _____ To _____
Position Title _____ Position Duties _____

Volunteer Skills

- Teaching experience Please describe _____
 - Art experience Please describe _____
 - Customer service skills Please describe _____
 - Handyman skills Please describe tools able to use _____
 - Computer skills web design Excel Data entry Publisher Quark
 - Graphic design PC MAC Illustrator Photoshop Other _____
- Languages Spoken (other than English) _____ Other skills or hobbies _____
-

In case of emergency please notify (Must be filled out)

Name _____ Relationship _____
Phone _____ Phone _____
Circle One Home Work Cell Circle One Home Work Cell

References (Must be filled out)

Name _____ Phone _____ Known you for _____
Name _____ Phone _____ Known you for _____
Have you ever been convicted of or plead guilty to a felony or misdemeanor? Yes No
If yes, please describe _____

Authorization: *I certify that the facts in this application and the attached resume (if applicable) are true, correct and complete to the best of my knowledge and understand that falsified statements on this application shall be grounds for dismissal from the DCM volunteer program. I authorize DCM to check and verify all information on this application and resume (if applicable). In order to perform due diligence in protecting the well being and safety of those we serve, the DuPage Children's Museum reserves the right to perform criminal background checks on any current employee, applicant or volunteer. I fully release references, employers and the DuPage Children's Museum from any liability resulting from the verification process.*

Signature _____ Date _____

DuPage Children's Museum, 301 N. Washington Street, Naperville, IL 60540 www.dupagechildrensmuseum.org
TEL: 630-637-8000 ext. 4680 FAX: 630-637-1276 volunteer@dupagechildrensmuseum.org

FOR OFFICE ONLY _____
