



Volunteer Application Form

Thank you for considering DuPage Children's Museum as a place to volunteer and share your time and talents. Volunteers play an important role in the daily operations of the Museum. We look forward to receiving your completed application form and talking to you about available volunteer opportunities.

- The minimum age to volunteer is 15 years old with the following exceptions: Students attending Washington Junior High School may apply to a Junior Volunteer Program. Volunteers aged 10-14 may volunteer with a parent in our Adult/Youth Program.
- A reference and a Criminal Background Check are required as part of the application process.
- Volunteers requiring community service hours through an educational institution may apply but volunteers requiring service hours mandated through the Court System are not accepted into the Volunteer Program.
- If you have special needs that require additional accommodation please call (630)-637-8000 ext. 4680 or email volunteer@dupagechildrensmuseum.org.

Contact Information

First Name _____ Last Name _____
Street _____ City _____
State _____ Zip _____ Home Phone () _____
Cell Phone () _____ Work Phone () _____ ext. _____
E-mail _____
Birthday (month/day)* _____ Age, if under 18 _____

Education

Highest Education _____ School/College Name _____
Current Grade Level _____ Service Hours Needed? Yes No How many hours _____

Daily availability

Morning Mon Tues Wed Thu Fri Sat Sun
Afternoon Mon Tues Wed Thu Fri Sat Sun

Summary of Experiences

Briefly summarize your overall experiences. For Example: 8 years experience as a pre-school teacher, carpenter.

Employment

Employment Status Current Previous Organization _____
Employer Name _____ Position Title _____ Work Phone () _____
Street _____ City _____ State _____ Zip _____

Please describe your duties: _____

Volunteer Preferences

How did you learn about us? _____

Volunteer or Staff name who referred _____

Are you able to volunteer for 1 year 3 months 6 months

Explain briefly why you want to volunteer at DCM? _____

Volunteer Skills

Describe Volunteer Skills _____

Other Skills _____ Languages Spoken _____

- | | | | | |
|---------------------------------------|--------------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Calligraphy | <input type="checkbox"/> Art | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Teaching in Preschool |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Electrical | <input type="checkbox"/> General Office | <input type="checkbox"/> Customer Service |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Computer | <input type="checkbox"/> Writing | <input type="checkbox"/> Music | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Storytelling | <input type="checkbox"/> Web Design | <input type="checkbox"/> Handyman | <input type="checkbox"/> Marketing | <input type="checkbox"/> Teaching in Elementary School |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Gardening | <input type="checkbox"/> Performing arts | <input type="checkbox"/> Teaching in High School |
-

In case of emergency please notify

First Name _____ Last Name _____ Relationship _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

References

First Name _____ Last Name _____ Relationship _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Must be filled out

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 form 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 from the verification process.

Signature _____ Date _____

For Office use only
