Volunteer Application Form

Where learning and play go hand in hand.

Name: ___________________________ Date: ____________
Address: ___________________________
Phone: ___________________________
Email: ___________________________ Adult: ________ Student: ________

Best time to reach you:

How did you hear about the opportunity to volunteer at the museum?

What days / times are you available to volunteer?

What are you interested in accomplishing as a volunteer?

For Example: Volunteers do many things including but not limited to- Program preparation and facilitation, resetting the museum floor, interacting with guests, and helping with special events!

Please list specific skills you have that support your goals as a volunteer from above:

1.
2.
3.

Why do you want to volunteer at CMAS? __________________________________________

What else would you like us to know about you? __________________________________________
Reference (other than family):
Name: ____________________________
Phone: ____________________________
Address: ____________________________
Relationship to volunteer: ____________________________

Emergency Contact:
Name: ____________________________
Phone: ____________________________
Address: ____________________________
Relationship to volunteer: ____________________________

Alternate Emergency Contact:
Name: ____________________________
Phone: ____________________________
Address: ____________________________
Relationship to volunteer: ____________________________

If you are a student volunteering for credit:

Group name: ____________________________
School Name: ____________________________
Advisor: ____________________________
Date hours must be completed by: ____________________________
# of hours required: ____________________________

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THE CHILDREN'S MUSEUM AT SARATOGA