

PORT DISCOVERY Children's Museum

Volunteer and Internship Application

Personal Information

Name (First, Middle, Last) F M
Sex

Address (including P.O. Box Number), City, State, Zip Code

Social Security Number

Date of Birth

Home Phone Number

Alternate Phone Number

Email Address

Volunteer Interest

What type of volunteer work are you interested in?

- facilitating family activities (working with guests)
- greeting visitors (working with guests)
- facilitating programs in exhibits (working with guests)
- development/membership (working behind the scenes)
- exhibit fabrication (working behind the scenes)
- administrative (working behind the scenes)
- internship, please specify department of interest and your major (and minor if applicable)

Schedule

What is your availability?

- Monday ___ morning ___ afternoon
- Tuesday ___ morning ___ afternoon
- Wednesday ___ morning ___ afternoon
- Thursday ___ morning ___ afternoon
- Friday ___ morning ___ afternoon
- Saturday ___ morning ___ afternoon
- Sunday ___ morning ___ afternoon

How often do you plan to volunteer?

- weekly
- bi-weekly
- monthly
- other, please specify

Volunteer and Internship History

Prior volunteer experiences: _____

Prior work with children: _____

Do you have any special skills or certifications (including languages, CPR/First Aid, etc.):

Do you have any interests/hobbies that would enhance the volunteer program? (music, wood-working, creative arts, theater, handicrafts, etc.): _____

How did you hear about volunteering at Port Discovery: _____

Please describe why you want to volunteer at Port Discovery: _____

Employment Information

Social Security Number

Dates of Employment

Address

Your Title

Your Work Telephone Number

Name of Supervisor

Supervisor's Telephone Number

Previous Employer

Dates of Employment

Address

Your Title

Your Work Telephone Number

Name of Supervisor

Supervisor's Telephone Number

Student Information

If High School Applicant:

Please Note, student applicants under the age of 17 must have a parent or other adult volunteer with him/ her at Port Discovery.

Current Grade Level

Age

School

Volunteering for service learning hours? Y N

School Phone #

Number of hours needed

Teacher's Name

If Intern Applicant:

Current Grade Level

Age

School

Internship Applying For

School Phone #

Number of hours needed

Professor's Name

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General Information

Background Check Policy

All prospective employees of Port Discovery will sign a release form and undergo a state of Maryland Criminal Background check. All prospective employees in Development, Accounting, Retail, and Sales will undergo an additional credit check. Access to all information contained within the background check will be limited to the Director of Human Resources, and in some cases the President & CEO. If a prospective employee of Port Discovery refuses to submit to the necessary background check for their position, they will not be considered for any position within the Museum.

List two references that are not former employers and are not related to you:

Name

Name

Telephone Number

Telephone Number

How long known?

How long known?

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Volunteer Statement

I certify that all information I have provided in order to apply for and secure volunteer work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for volunteering at Port Discovery on a basis prohibited by applicable local, state or federal law. Furthermore, I understand that signing and submitting this application does not mean that I will necessarily be accepted as a volunteer with Port Discovery but if accepted, I am agreeing to volunteer for a minimum of 6 months or 50 hours. If accepted, I understand that either Port Discovery or I may discontinue the volunteer relationship if the match does not fit the needs of either party.

Name

Date

Signature

Signature of Parent or Guardian if applicable

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Volunteer Emergency Form

Personal Information

Name (First, Middle, Last)

Date

Home Address, City, State, Zip Code

Home Phone Number

Work Phone Number

Cell Phone Number

Alternate Phone Number

Emergency Contact

Name (First, Middle, Last)

Relationship

Home Phone Number

Work Phone Number

Cell Phone Number

Alternate Phone Number

Medical Conditions

Please list any medical information you want us to be aware of (epilepsy, diabetes, heart trouble, pacemaker, drug allergies, asthma, etc.):
