Volunteer and Internship Application

Personal Information

_______________________________________________________  □ F  □ M
Name (First, Middle, Last)          Sex

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

__________________________________________
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, woodworking, 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**

<table>
<thead>
<tr>
<th>Company</th>
<th>Dates of Employment</th>
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<tr>
<th>Your Title</th>
<th>Your Work Telephone Number</th>
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<th>Name of Supervisor</th>
<th>Supervisor’s Telephone Number</th>
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<th>Previous Employer</th>
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**Student Information**

*If High School Applicant:*

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<tr>
<th>Current Grade Level</th>
<th>Age</th>
<th>School</th>
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Volunteering for service learning hours? ☐Y ☐N

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<tr>
<th>School Phone #</th>
<th>Number of hours needed</th>
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Teacher’s Name

*If Intern Applicant:*

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<tr>
<th>Current Grade Level</th>
<th>Age</th>
<th>School</th>
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Internship Applying For

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<tr>
<th>School Phone #</th>
<th>Number of hours needed</th>
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Professor’s Name

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

____________________________________________________________________

____________________________________________________________________
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
DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

Disclosure

Port Discovery Children’s Museum (the “Company”) may request from a consumer reporting agency and for employment-related purposes, a “consumer report(s)” (commonly known as “background reports”) containing background information about you in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable).

HireRight, Inc. (“HireRight”) will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

I hereby authorize Company to obtain the consumer reports described above about me.

Applicant Name ______________________________

Applicant Signature ____________________________  Date __________
Acknowledgments & Authorization

I acknowledge that I have received and carefully read and understand the separate “Disclosure and Authorization Regarding Background Investigation for Employment Purposes”; and the separate “Summary of Rights under the Fair Credit Reporting Act” that have been provided to me by the Company.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize the preparation of background reports about me, including background reports that are “investigative consumer reports” by HireRight, and to the furnishing of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor or volunteer assignments, as applicable), promotion, retention or for other lawful employment purposes.

I understand that information contained in my employment (or contractor or volunteer) application, or otherwise disclosed by me before or during my employment (or contract or volunteer assignment), if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

By my signature below, I also promise that the personal information I provide with this form or otherwise in connection with my background investigation is true, accurate and complete, and I understand that dishonesty or material omission may disqualify me from consideration for employment. I agree that a copy of this document in faxed, photocopied or electronic (including electronically signed) form will be valid like the signed original.

I further acknowledge that I have received additional state law notices that I have reviewed and read.

☐ California, Minnesota or Oklahoma consumers: Please check this box if you would like to receive (whenever you have such right under the applicable state law) a free copy of your background report if one is obtained on you by the Company.

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name: ____________________________
First Name: ____________________________
Middle: ____________________________

Other Names Used __________________________________________________________ Years Used __________________________

Current Address: __________________________________________________________________________
Street /P. O. Box City State Zip Code County Dates

*Social Security Number: ____________________________ Daytime Phone Number: ____________________________

E-mail Address: ____________________________ * Date of Birth: ____________________________

Driver’s License Number: ____________________________ State of Issuance: ____________________________ * Gender: ____________________________

Applicant Signature ____________________________ Date ____________________________

* This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.
### CALIFORNIA:
Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the actual copying costs, by appearing at the consumer reporting agency’s offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. The consumer reporting agency has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. “Proper identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, the consumer reporting agency may require additional information concerning your employment and personal or family history to verify your identity.

HireRight, Inc. (“HireRight”) will prepare the background report for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761. Information about HireRight’s privacy practices is available at [www.hireright.com/Privacy-Policy.aspx](http://www.hireright.com/Privacy-Policy.aspx).

Additional California-specific information is set out below.

### MASSACHUSETTS:
Upon request to the Company, you have the right to know whether the Company requested an investigative consumer report about you and, upon written request to the Company, you have the right to receive a copy of any such report. You also have the right to ask the consumer reporting agency (e.g., HireRight) for a copy of any such report.

### MINNESOTA:
You have the right in most circumstances to submit a written request to the consumer reporting agency (e.g., HireRight) for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within 5 days after (i) its receipt of your request or (ii) the date the report was requested by the Company, whichever date is later.

### NEW JERSEY:
You have the right to submit a request to the consumer reporting agency (e.g., HireRight) for a copy of any investigative consumer report the Company requested about you.

### NEW YORK:
You have the right, upon written request to the Company, to be informed of whether or not the Company requested a consumer report or an investigative consumer report about you. Shown above is the address and telephone number for HireRight, the consumer reporting agency used by the Company. You may inspect and receive a copy of any such report by contacting that consumer reporting agency. A copy of Article 23-A of the New York Correction Law is also provided below.

### WASHINGTON STATE:
If the Company requests an investigative consumer report, you have the right, upon written request made to the Company within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You are entitled to this disclosure within 5 days after the date your request is received or the Company ordered the report, whichever is later. You also have the right to request a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.
A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

- In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your creditworthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information that it has verified as accurate.

- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need — usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For Information about your Federal rights contact:

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<tr>
<th>TYPE OF BUSINESS:</th>
<th>CONTACT:</th>
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<tr>
<td>1. a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates.</td>
<td>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</td>
</tr>
<tr>
<td>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</td>
<td>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</td>
</tr>
<tr>
<td>2. To the extent not included in item 1 above:</td>
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<tr>
<td>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</td>
<td>b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480</td>
</tr>
<tr>
<td>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</td>
<td>c. FDIC Consumer Response Center 1100 Walnut St., Box #11 Kansas City, MO 64106</td>
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<tr>
<td>d. Federal Credit Unions</td>
<td>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</td>
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<td>3. Air carriers</td>
<td>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</td>
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<td>4. Creditors Subject to Surface Transportation Board</td>
<td>Office of Proceedings, Surface Transportation Board</td>
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<td><strong>5. Creditors Subject to Packers and Stockyards Act, 1921</strong></td>
<td>Nearest Packers and Stockyards Administration area Supervisor</td>
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<td><strong>6. Small Business Investment Companies</strong></td>
<td>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</td>
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<td><strong>7. Brokers and Dealers</strong></td>
<td>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</td>
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<td><strong>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks and Production Credit Associations</strong></td>
<td>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</td>
</tr>
<tr>
<td><strong>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</strong></td>
<td>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</td>
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