



The Children's Museum of the Brazos Valley Volunteer Application

Today's Date:

Personal Information

Name (Last) _____ (First) _____ (Middle Initial) _____
Address (Street) _____ (City/State/Zip Code) _____
Telephone (Home) _____ (Cell) _____
Email: _____

Volunteer Experience

What previous volunteer experience have you had? _____

Please list your skills, talents and/or interests that will be beneficial to volunteering. _____

Volunteer Goals

Are you volunteering as an individual or with a group? If volunteering with a group, please specify with which organization you are affiliated. _____

Why do you want to volunteer? (Check all that apply).

Community Service Volunteer Hours for a Class Group Project
 Museum Program or Event Out of Goodwill
 Other (Please Specify): _____

Are you looking for a schedule or just looking to volunteer at various times and/or events? Please list events you are interested in, if applicable. _____

If looking for schedule, please list days and times of availability and ideal amount of hours you wish to volunteer. We are open 10:00am - 5:00, Monday through Saturday. Ideal Amount of Hours: _____

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Would you like to be added to our volunteer listserv to hear about exciting volunteer opportunities happening at The Children's Museum of the Brazos Valley? _____

Personal References: (excluding relatives)

	<i>Name</i>	<i>Relationship</i>	<i>Phone Number</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Emergency Contact

Name _____ Relationship _____
Home Phone _____ Cell Phone _____

Background Check Waiver

Social Security Number: ___ ___ ___ - ___ ___ - ___ ___ ___

Sex: ___ Male ___ Female Date of Birth: _____

Texas Drivers License Number: _____

Signature: _____ Date: _____

Please provide a copy of your driver's license for Children's Museum records.

Staff Use Only

Date Application Taken _____ Payment Received for Background Check? _____

Copy of Driver's License Made and Attached to Application? _____

Staff Initials _____

Volunteer Agreement

Name: _____ Phone Number: _____

Address: _____

In case of emergency, please contact:

Name: _____ Relationship: _____

Phone Number: _____ Alternate Phone Number: _____

If an emergency arises, do you give consent to The Children's Museum of the Brazos Valley to obtain medical services to you? _____ Yes _____ No

By signing below, I agree to participate as a volunteer representing The Children's Museum of the Brazos Valley and will abide by the rules and instructions given to me by The Children's Museum.

I give The Children's Museum of the Brazos Valley permission to use photographs or video taken of me during this event for promotional purposes.

I have never been convicted of any felonies and/or misdemeanors which may prohibit me from working with or within the vicinity of children.

I understand that my participation is voluntary, and I assume all risks in connection with my participation. I release The Children's Museum of the Brazos Valley from any claims, demands, injuries, damages, or actions for any acts of negligence where my volunteer service is to take place. I further indemnify and hold harmless The Children's Museum and its successors from any liability or claim with respect to bodily injury, personal injury, illness, death, or property damage that may result from participation in volunteering for The Children's Museum of the Brazos Valley. I also understand that The Children's Museum of the Brazos Valley does not assume any responsibility to provide financial assistance or other assistance in the event of injury, illness, death, or property damage.

I certify that I am legally competent to sign this agreement and/or my legal guardian has read this agreement and fully understands its contents. By signing this agreement, I waive certain legal rights, including the right to sue. I understand that this agreement is binding and I am signing it at my own free will.

Print Name

Signature of Volunteer

Date

Parent/Guardian Waiver

I agree to allow the minor named above to participate as a volunteer for The Children's Museum of the Brazos Valley. I agree to be responsible for any expenses incurred by the minor.

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

Please return the completed form to:
The Children's Museum of the Brazos Valley
Attn: Christina Seidel
111 E. 27th Street
Bryan, TX 77803
Fax: 979.775.4908
programs@mymuseum.com