



Children's Museum
of Atlanta

VOLUNTEER APPLICATION

NOTE: The information on this application is required for identification purposes only. The Children's Museum of Atlanta does not discriminate on the basis of sex, race, religion, age, handicap or national origin. All information is kept confidential and will not be sold or distributed.

PREFERRED CONTACT INFORMATION: (PLEASE PRINT ALL INFORMATION)

Full Name: _____ Date of Birth: _____

Phone: _____ E-Mail: _____

Residential Street Address: _____

City: _____ State: _____ Zip: _____

Have you volunteered with us before? Yes No If yes, in what year and capacity? _____

Occupation: _____

Are you enrolled in school? High School College Other

If enrolled in school, what school and grade? _____

How did you hear about our volunteer program? _____

Emergency Contact (name, relationship, and work/home phone numbers):

Previous Volunteer Experience:

Why are you interested in volunteering at Children's Museum of Atlanta?

What skills would you like to utilize as a volunteer?

Which Of The Volunteer Jobs Below Would You Be Interested In Doing?

- | | |
|--|--|
| <input type="checkbox"/> Museum Floor | <input type="checkbox"/> Science Bar |
| <input type="checkbox"/> Art Studio | <input type="checkbox"/> Build It Lab |
| <input type="checkbox"/> Assist with data entry and research | <input type="checkbox"/> Help build membership |
| <input type="checkbox"/> Special events and fundraisers (some events may take place off museum property) | |

Please continue to next page.

Availability

- Sunday From ____ To ____
- Monday From ____ To ____
- Tuesday From ____ To ____
- Wednesday From ____ To ____
- Thursday From ____ To ____
- Friday From ____ To ____
- Saturday From ____ To ____

Note: Museum is open to public weekdays, 10am-4pm and weekends, 10am-5pm. Closed on Wednesdays, except during the summer. Closed on Thanksgiving and Christmas Day. Special events and some office work may be held outside of business hours.

Have you ever been convicted of a felony? No Yes **If yes, please provide the details**

I certify that the information provided in this application is true and correct. I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information. I understand that I will not be paid or otherwise compensated for my services as a volunteer. I agree to abide by all museum policies: volunteer, personnel, safety and otherwise.

Signature: _____ Date: _____
 Applicant

Signature: _____ Date: _____
 Parent of Guardian if Applicant is under the age of 18.

Mail, fax, or email this application to:
 Children’s Museum of Atlanta
 ATTN: Volunteer Coordinator
 275 Centennial Olympic Park Drive NW
 Atlanta, GA 30313
 404-223-3675 (fax)
 404-420-9193 (phone)

volunteers@childrensmuseumatlanta.org

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