



Museum Volunteer Program 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?

- Museum Floor
- Art Studio
- Assist with data entry and research
- Special events and fundraisers (some events may take place off museum property)
- Science Bar
- Build It Lab
- Help build membership

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**

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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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