



# 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 \_\_\_\_\_

E-Mail \_\_\_\_\_ Primary Phone \_\_\_\_\_

May we text you with updates and messages about your volunteer position?  Yes  No

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact (name, relationship, and primary phone)

\_\_\_\_\_

Have you volunteered with us before?  Yes  No If yes, in what year(s) \_\_\_\_\_

If employed, what is your employer and occupation? \_\_\_\_\_

If enrolled in school, what school and grade? \_\_\_\_\_

Do you need community service hours for school/work/court/etc.?  Yes  No

If yes, how many hours do you need? \_\_\_\_\_ When are your hours due? (approximate) \_\_\_\_\_

How did you hear about our volunteer program?

CMA Website  Museum Visit  School  Work  Friend/Family

Other (Please specify) \_\_\_\_\_

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  Build It Lab  Science Bar

Toddler Programs  Assist with data entry and research

Help Build Membership  Special events (some events may be held 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:**

---

Note: All applicants, aged 18 and over, must consent to a background check.

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