



Museum of Science & H
 3050 Central Ave, Memph
 38111 | memphismuseum

VOLUNTEER APPLICATION FORM

3050 Central Avenue • Memphis, TN 38111-3399
 (901) 636-6438 FAX 636-6391

Janie.paraham@memphistn.gov

PLEASE PRINT & ANSWER ALL QUESTIONS

Date _____

_____ Last Name First Name Middle Name

_____ Street Address Telephone (home)

_____ City State Zip Code Cell number

_____ Email Address Birth Date _____

EDUCATION: (Highest Level) Grammar School High School College Graduate
 College Degree(s) or Professional Training _____

Languages you speak other than English: _____

EMPLOYMENT: Current Prior
 Employer _____ Occupation/Title _____

Responsibilities _____

VOLUNTEER EXPERIENCE: Have you ever been a volunteer for an organization? Yes _____ No _____

If yes, Name of Organization: _____ Supervisor: _____

Please list your duties _____

INTERESTS AND SKILLS: Please elaborate on your level of experience _____

For Reporting Purposes Only: Optional information

Gender: Male _____ Female _____

Race or Ethnicity: _____

Which location are you interested in with MoSH? Pink Palace _____ Lichterman Nature Center _____ Historic Properties _____ Other _____

Please check one or more of the following volunteer areas

- Special Events Exhibit Docent
- Clerical Assistant Special Events
- Pink Palace Crafts Fair Back Yard Wildlife
- Planetarium Assistant
- Guest Services
- Trail Maintenance
- Gardener/ Greenhouse
- Tour Guide
- Education Programs

DAYS AVAILABLE: Circle Preference:

Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

VOLUNTEER TIME AVAILABLE: Circle Preference: Morning Afternoon Evening

How did you learn about the MoSH Volunteer Program? Museum Volunteer Museum Staff
 Museum Brochure Newspaper Radio/TV Personal Referral Company/School Other _____
Reason(s) for volunteering _____

Is your volunteer activity is connected with an organization or school? Name of school or Organization: _____

EMERGENCY CONTACT PERSON:

Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone _____	Phone _____
Relationship _____	Relationship _____

REFERENCES: Please list two references besides family members in the space provided below:

Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone/Email _____	Phone/Email _____
Relationship _____	Relationship _____

OTHER INFORMATION:

Have you ever been convicted of a crime? No Yes If yes, please give date, nature of the offense, and disposition. **NOTE:** A criminal record will not necessarily disqualify an applicant.

What (if any) restrictions might affect your volunteer work? (i.e., work/family/schedules/health)? _____

Please supply any additional information that might be useful. _____

LIABILITY RELEASE:

I _____ hereby certify that the information given by me in this application is true and complete. I understand that and agree that all information provided in this application may be verified by the Pink Palace Family of Museums, and any false information, misrepresentation or concealment of fact may result in termination of my volunteer involvement. I have no expectation of compensation and I understand and agree that I will not be paid for my services as a volunteer.

VOLUNTEER:

Dated: _____

Signature: _____ Printed Name: _____

PRINTED NAME AND SIGNATURE OF PARENT/GUARDIAN IF APPLICANT IS UNDER AGE 18:

Parent/Guardian Signature: _____

Printed Parent/Guardian Name: _____

Phone Number: _____ Page or Cellular Number: _____

For Office Use Only

Interview Date _____ Location Placement _____ Date Active _____

Training Date _____ Position _____ Schedule _____