



409 Main Street • Niantic, CT 06357 • Phone: 860-691-1111 • Fax: 860-691-1194  
www.cmsect.org

## Volunteer Application

Please Select the Type of Volunteer Program:

- Youth Volunteer (under 18)  
  Adult Volunteer  
  Community Partner Volunteer  
 Youth Suspension Program Volunteer

### General Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Please write in the dates/weeks you are available for volunteering:**

\_\_\_\_\_

\_\_\_\_\_

**Please circle any times you are available to volunteer at the Museum:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Morning	Morning	Morning	Morning	Morning	
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon

\_\_\_\_\_

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**To help us get to know you better and to make your volunteer experience the most meaningful for you, please check off the statements below that best describe you:**

- I feel comfortable speaking in front of small groups.
- I have prior experience working with large groups of people.
- I enjoy researching and learning about new things.
- I enjoy science.
- I enjoy arts and crafts.
- I like to work with others.
- I like to work independently.
- I have prior experience working with young children.
- I would be interested in helping with office work and program preparation.

**Are you First Aid and CPR certified?**  Yes  No

**Please describe at least two of your skills or interests that you feel will help you fulfill your volunteer responsibilities:**

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**What is your reason for wanting to volunteer at the Children's Museum of Southeastern CT? Please check all that apply.**

- I am interested in working with children.
- I am interested in learning more about Museums.
- I am interested in volunteering my time within the community.
- I am completing volunteer hours required for school.
  - If Yes, how many hours do you need to meet your requirement? \_\_\_\_\_
- I am completing required community service hours.
- Other (Please Explain): \_\_\_\_\_

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**References:** Please list two references below. References might include employers, guidance counselors, teachers, coaches, neighbors, etc..

**Reference 1:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

<b>Office Use Only:</b> Contacted: _____ Approved? Yes ___ No ___
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**Reference 2:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

<b>Office Use Only:</b> Contacted: _____ Approved? Yes ___ No ___
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**Office Use Only:**

Application Received: \_\_\_\_\_

In Filemaker: ID Number: \_\_\_\_\_

Orientation: \_\_\_\_\_

Sexual Abuse Policy Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Type:  
\_\_ Youth

\_\_ Adult; Background Check Complete: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_ Youth Suspension Volunteer Program; Interviewed: \_\_\_\_\_  
Agreement signed: \_\_\_\_\_

\_\_ Community Partner; Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_