

Volunteer Application

CONTACT INFORMATION

Date:			
First & Last Name:			
Address, City, State, and Zip:			
Home Phone:		Cell Phone:	
Email:			
Preferred Method of Contact:	Email: _____ Home Phone: _____ Cell Phone: _____		
Are you at least 18 years of age?	Yes: _____	No: _____	Birthdate: __ / __ / _____
Are you an active duty or retired Firefighter?	<i>If yes, please list city, location and year(s) of service:</i>		

EXPERIENCE & EDUCATION

Most Recent School Attended:	
Year(s) Attended:	Degree:
Major/Course of Study:	
Employer:	Position:
<i>Do you have any previous experience as a volunteer? If so, with what organizations, and what type of work?</i>	

VOLUNTEER INTERESTS

<i>Why are you interested in volunteering with the Western Reserve Fire Museum & Education Center at this time? What do you hope to gain as a volunteer?</i>
<i>Please describe any additional skills or experience that you feel would benefit the Museum.</i>

<p>Volunteer Interests:</p> <input type="checkbox"/> Education <input type="checkbox"/> Gift Shop/Admissions <input type="checkbox"/> Maintenance & Upkeep <input type="checkbox"/> Special Events <input type="checkbox"/> Children's Birthday Parties <input type="checkbox"/> Other: _____	<p>What would be your volunteer commitment?</p> <input type="checkbox"/> Occasionally – Special Events <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Seasonal <input type="checkbox"/> Other: _____							
<p>I am comfortable working with (select all that apply):</p> <input type="checkbox"/> Children under 5 years old <input type="checkbox"/> Grades K-6 <input type="checkbox"/> Teens <input type="checkbox"/> Adults <input type="checkbox"/> Groups <input type="checkbox"/> Special Needs Visitors <input type="checkbox"/> Diverse Cultures	<p>Volunteer Availability:</p> <table border="1"> <tr> <td data-bbox="742 495 1002 741"> <input type="checkbox"/> Mondays <input type="checkbox"/> Tuesdays <input type="checkbox"/> Wednesdays <input type="checkbox"/> Thursdays <input type="checkbox"/> Fridays <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays </td> <td data-bbox="1002 495 1102 741"> <input type="checkbox"/> AM <input type="checkbox"/> AM <input type="checkbox"/> AM <input type="checkbox"/> AM <input type="checkbox"/> AM <input type="checkbox"/> AM <input type="checkbox"/> AM </td> <td data-bbox="1102 495 1219 741"> <input type="checkbox"/> PM <input type="checkbox"/> PM <input type="checkbox"/> PM <input type="checkbox"/> PM <input type="checkbox"/> PM <input type="checkbox"/> PM <input type="checkbox"/> PM </td> <td data-bbox="1219 495 1471 741"> Other times: _____ </td> </tr> </table>				<input type="checkbox"/> Mondays <input type="checkbox"/> Tuesdays <input type="checkbox"/> Wednesdays <input type="checkbox"/> Thursdays <input type="checkbox"/> Fridays <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays	<input type="checkbox"/> AM <input type="checkbox"/> AM <input type="checkbox"/> AM <input type="checkbox"/> AM <input type="checkbox"/> AM <input type="checkbox"/> AM <input type="checkbox"/> AM	<input type="checkbox"/> PM <input type="checkbox"/> PM <input type="checkbox"/> PM <input type="checkbox"/> PM <input type="checkbox"/> PM <input type="checkbox"/> PM <input type="checkbox"/> PM	Other times: _____
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Have you ever plead guilty or been convicted of a felony? YES NO
Conviction will not necessarily disqualify you from participating. If yes, please explain:

CHARACTER REFERENCES

Please list two individuals, not related to you, that can serve as a character reference.

Reference Name:		Phone Number:	
Email:		How Long Known?	
Reference Name:		Phone Number:	
Email:		How Long Known?	

EMERGENCY CONTACT

Emergency Contact Name: _____ Relationship: _____

Primary Phone Number: _____ Email: _____

Applicant Statement & Release

I certify that the above information is accurate to the best of my knowledge. I understand that any false statement, omission, or misrepresentation may result in the rejection of my application or discharge from the volunteer program. I acknowledge that I will not be compensated as a volunteer and therefore not eligible for Worker's Compensation or coverage by the Museum's insurance. I understand that the Western Reserve Fire Museum accepts the service of all volunteers knowing that such service is at the sole discretion of the Museum. I agree that the Museum may at any time, for any reason, decide to terminate my relationship with the Museum or make changes in the nature of my volunteer assignment. I also understand that I may at any time, for any reason, choose to end the relationship with the Museum and will notify staff if I choose to do so. I further understand that background checks and fingerprints may be required as a condition of volunteering with the Western Reserve Fire Museum and Education Center.

Signature: _____

Date: _____