

The Children's Museum
of the Treasure Coast
P.O. Box 2147
Stuart FL 34995



Volunteer Registration Form

The mission of The Children's Museum of the Treasure Coast is to offer children and families a place to explore and learn through hands-on activities, educational programs and cultural experiences. The Children's Museum is dedicated to providing a safe, state-of-the-art environment where curiosity and self-confidence are fostered.

Telling us about yourself and your interests will enable us to make the best use of your talent and time. Please return the completed form to the address above. Thank you!

(Please print all requested information except signature)

Last Name:		First Name:		Middle Name:	
Address:	<i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Previous Address:	<i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Other Part Time Address:	<i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Home Phone Number:		Work Phone Number:		Alternate/Cell Number:	
Referral Source:		Employer:			
Driver's License Number:		Social Security Number:			
Date of Birth:	Sex:	<input type="checkbox"/> <i>Male</i>	<input type="checkbox"/> <i>Female</i>		
Previous/ Current Volunteer Experience:					
Special Skills/ Hobbies/Interests:					
Reference Name:	<i>Phone#:</i>	<i>Business:</i>	<i>Years Known:</i>		
Reference Name:	<i>Phone#:</i>	<i>Business:</i>	<i>Years Known:</i>		

Have you ever been convicted of, or plead guilty or nolo contendere to a crime? Yes No

Are you currently awaiting trial, sentencing or other disposition of a criminal charge? Yes No

If answer to either question is yes, please explain (state the date, type of crime, place of occurrence, disposition) _____

*Note: Conviction of a crime will not necessarily disqualify you for a volunteer opportunity. Each conviction will be judged on its own merit with respect to time and volunteer relatedness.

I understand you will be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil and other experiences. I hereby consent to your obtaining the above information from a licensed agent.

Applicant's Signature

Date

Staff Member Accepting Registration Form

Date

VOLUNTEER AVAILABILITY:

Please circle the days you are available and indicate times (for example: Monday from 10am-1pm). Please write in any additional times under "other" if you are available more than once in a day or have specific availability issues.

Monday: _____ to _____ Tuesday: _____ to _____

Wednesday: _____ to _____ Thursday: _____ to _____

Friday: _____ to _____ Saturday: _____ to _____

Sunday: _____ to _____ Other/ Special Events: _____

VOLUNTEER PREFERENCES:

Please indicate the age group (s) in which you are interested: _____ 0-2 _____ 3-5 _____ 6-8 _____ 9-12
(Check all that apply)

_____ Special events/ programs for adults

Tell us about yourself:

Why do you want to get involved with The Children's Museum of the Treasure Coast?

What experience do you have in related areas?

What do you hope to gain from participating in these programs?

Are you willing to attend volunteer/ responsibility related training? What do you hope to gain from the training program?

Date of Interview: _____

Notes: _____

