



ADULT VOLUNTEER APPLICATION

Please Print Clearly

GENERAL INFORMATION

Today's Date: _____

Name: _____
Last First Middle

I like to be called: _____ Male _____ Female _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address (Print Clearly): _____

Home Phone: (____) _____ Business Phone: (____) _____

Cell: (____) _____ Other Phone: (____) _____

I prefer to receive calls at (check all that apply): home work cell other

Date of Birth: ____ - ____ - ____ Social Security #: ____ - ____ - ____
mm dd yy

EDUCATION

Check highest level of education attained:

High School Graduate Undergraduate Degree Graduate Degree

College/University: _____ Expected Graduation Date: _____

Major or area of concentration: _____

Are you fulfilling a requirement? Yes No If yes, what program? _____

Describe any special experience and/or training that you have:

EMPLOYMENT HISTORY

I am: retired student full-time parent self employed employed outside the home job hunting

Place of employment: _____

Position held: _____

Phone: (____) _____ Supervisor: _____

my employer offers a time-off or donation-matching program for volunteers

CLUBS, ORGANIZATIONS, VOLUNTEER EXPERIENCE

WONDERLAB POSITION

Why do you want to volunteer at WonderLab?

over

CRIMINAL HISTORY

Other than a minor traffic offense, have you ever been convicted of a crime or released from prison in the last seven years? Yes No

If yes, please explain in full:

REFERENCES

Provide two non-family references and indicate their relationship to you (e.g. employer, teacher, etc.).

Name: _____ Relationship to you: _____
Daytime Telephone:(_____) _____ E-mail: _____

Name: _____ Relationship to you: _____
Daytime Telephone:(_____) _____ E-mail: _____

EMERGENCY CONTACTS

Name: _____ Relationship to you: _____
Telephone: Home(_____) _____ Work(_____) _____ Cell Phone(_____) _____
Address: _____

Name: _____ Relationship to you: _____
Telephone: Home(_____) _____ Work(_____) _____ Cell Phone(_____) _____
Address: _____

VOLUNTEER AGREEMENT

I, _____, intend to volunteer at WonderLab Museum of Science, Health and Technology or at locations for WonderLab outreach events. I understand that I am responsible for (1) reading, understanding, and following all information given to me at orientation; (2) assisting visitors with exhibits, activities and special programs; (3) arriving on time for my scheduled shift and staying the entire time unless prior arrangements have been made; and (4) calling the museum in advance if I cannot be present for the scheduled shift. I also agree to abide by WonderLab's standards of behavior and appearance as stated in the Volunteer handbook. Volunteers will be on a probation period for three shifts.

I agree that WonderLab may photograph/video my participation in this program, and I release any such photographs/video to WonderLab for use in its programs, publications, and other media.

I certify that the information in this application is true and correct and complete to the best of my knowledge. I authorize WonderLab to verify any and all information I provided by contacting appropriate sources. By signing below, I voluntarily give permission for WonderLab to perform a background check to protect visitors, volunteers, and staff.

Volunteer Name (print): _____

Volunteer Signature: _____ Date: _____

RETURN THIS APPLICATION TO:
WonderLab Volunteer Program
PO Box 996
Bloomington, IN 47402-0996
Phone: (812) 337-1337 Ext: 20
Fax: (812) 330-1337