



# The Children's Museum of Wilmington

|                   |
|-------------------|
| <b>MUSEUM USE</b> |
| Received: _____   |
| Contacted: _____  |

## **VOLUNTEER** **APPLICATION & RELEASE FORM**

### **MISSION STATEMENT:**

To provide a welcoming and engaging environment that promotes hands-on art, science, and literacy-focused learning for children and families.

### **Volunteers must be at least 16 years of age.**

By completing and submitting this form, you agree to the following commitments:

- Complete 20 hours of volunteer time within six months of start date.
- Meet orientation and training requirements.
- Treat all guests, visitors, volunteers, and staff equally regardless of gender, place of origin, race, sexual orientation, religion, political belief, and economic status.
- Read and accept to the terms outlined within The Children's Museum of Wilmington's Volunteer Handbook.

### **PERSONAL INFORMATION**

*We are committed to your privacy and will never share your information with an outside party.*

First, Middle, Last Name \_\_\_\_\_

Other Names Used \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Present Street Address \_\_\_\_\_

City \_\_\_\_\_      State \_\_\_\_\_      Zip \_\_\_\_\_

Phone \_\_\_\_\_      Email \_\_\_\_\_

**Emergency Contact Name & Number:** \_\_\_\_\_

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

Are you over 18 years of age?      Yes \_\_\_\_\_      No \_\_\_\_\_

If so, will you agree to a background check? (Required to volunteer)      Yes \_\_\_\_\_      No \_\_\_\_\_

**If you are under 18 years of age, please provide ONE letter of recommendation.**

### **REFERENCES** *Please provide two references*

|    | Name | Contact Information | Years Known |
|----|------|---------------------|-------------|
| 1. |      |                     |             |
| 2. |      |                     |             |

Availability: \_\_\_\_\_  
\_\_\_\_\_

Special Interest(s): \_\_\_\_\_  
\_\_\_\_\_

List physical limitations (if any): \_\_\_\_\_  
\_\_\_\_\_

Any medical conditions, needs or concerns that The Children’s Museum of Wilmington staff should be aware of: \_\_\_\_\_  
\_\_\_\_\_

Have you received the full dose of a COVID vaccine approved by the World Health Organization?  
Yes\_\_\_\_\_ No\_\_\_\_\_

Do you have proof of vaccination? Yes\_\_\_\_\_ No\_\_\_\_\_

**WAIVERS & RELEASES**

**Photography**

The undersigned volunteer hereby grants The Children’s Museum of Wilmington, (hereinafter referred to as the Museum), permission to take photos and video of volunteers for future use and display on the website, advertisements, and other media for promotional purposes. Volunteer photographs of guests are not permitted unless asked to do so for event purposes.

**Liability**

I hereby acknowledge that there are certain risks of injury involved, and I knowingly and freely assume all such risks and assume full responsibility for my participation. To the extent allowed by law, I agree to indemnify and hold harmless the Museum, its employees, representatives and volunteers, of all liabilities and all loss or damage to personal property which may occur or be incident to my involvement or participation. This does not apply to injuries resulting from negligence on the part of the Museum or its employees.

**Confidentiality**

I recognize that as a volunteer of the Museum, I may have access to confidential information concerning the Museum, its guests, donors, members, employees, volunteers or other representatives. In consideration of any volunteer status with the Museum, I agree I will not at any time, during or after volunteering for the Museum, divulge or reveal to any person, firm or corporation, any information directly or indirectly, which might in any way be used to injure or interfere with the business of the Museum, or to alienate guests, employees, or volunteers from the Museum or to cause discontent or dissatisfaction among any such persons.

I understand that facts contained in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein and the references listed above to give you and all pertinent information that may result from utilization of such information. I understand that The Children’s Museum of Wilmington runs a sex offenders check on all prospective volunteers and a criminal background check on 18 years and older. **By signing, I understand that I am indicating my agreement with the terms of all preceding sections.**

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return completed application to Front Desk or mail/email to:**

Volunteer Coordinator 116 Orange St. Wilmington, NC 28401

[jgoodwin@playwilmington.org](mailto:jgoodwin@playwilmington.org)

Revised: November 2021