Volunteer Application

NAME: _____

BIRTH DATE: _____ (month, day, year) Circle One: Youth (under 18) / Adult

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____

E-MAIL: _____ **Social Security Number:** _____

EMPLOYER: _____

If needed, may we contact your employer? ☐Yes ☐ No

In case of emergency, notify: _____ Relationship _____

Phone: _____

How did you hear about our volunteer program? _____

Are you volunteering to fulfill a service requirement? ☐ Yes ☐ No If yes, number of hours required: _____

Have you ever been convicted of a crime or felony involving children? ☐ Yes ☐ No

PLACEMENT PREFERENCE: ☐Visitor Friendly Positions ☐Behind the Scenes ☐Either

List your skills, experiences, hobbies, or interests which might be helpful at Discovery Gateway.

_____

_____

Please list and describe any previous volunteer/professional experience with children.

_____

_____

REFERENCES

Name Relationship Phone Number

_____

_____

_____

Please list the times you are generally available to help us: (.e. Monday: 3:30-5:30 pm)

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____ Sunday: _____

Can you work on holidays when the museum is still open? YES_____ NO_____

Would you like to volunteer for special events? YES_____ NO_____

CERTIFICATION AND AUTHORIZATION

As a condition of volunteering, I give permission for Discovery Gateway to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon Discovery Gateway receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability Discovery Gateway, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Discovery Gateway is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term I am subject to suspension and/or removal of volunteer privileges for violation of Discovery Gateway's policies or principles.

Application Received On _____
Liability Release Received On _____
Background Check Received On _____
Emergency Contact Received On _____

	Scheduled	Completed
Interview	_____	_____
Orientation	_____	_____
Training	_____	_____

Staff use only

_____
Signature Date

Please return your completed application to:

Discovery Gateway
ATTN: Volunteer Coordinator
444 West 100 South
Salt Lake City, UT 84101
801-456-5437
volunteers@discoverygateway.org