

For Office Use Only

Application Received _____

BC _____

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Start date _____

End date _____



**Cincinnati
Museum Volunteer
Center**

DATE _____

MISSION

Cincinnati Museum Center inspires people of all ages to learn more about our world through science; regional history; and education, engaging and meaningful experiences.

VOLUNTEER APPLICATION

LAST NAME _____ FIRST NAME _____ MI _____

Other Names you have used _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____ FAX _____

E-MAIL _____ BIRTHDAY (Year Optional) _____

Check appropriate blank(s): employed unemployed student retired

Employer/School _____ Phone _____

Title/Position _____ May we contact if necessary? yes no

Have you been convicted of a crime within the last seven years? yes no

Emergency information

Emergency Contact _____ Relationship _____ Phone _____

Preferred Doctor & Hospital _____ Doctor's Phone _____

Do you have any health or physical limitations that could affect your volunteer assignment? yes no If yes, please explain:

If you heard about our Volunteer Program from another source, please indicate the type and name of the source.

Visiting the Cincinnati Museum Center? yes no Friend/ Family Member? yes no

High School, College, Employer, Church/Synagogue, Community Organization, Internet Site (indicate which one)

Name _____

Previous or current volunteer experience _____

What do you want to get out of your volunteer experience? _____

Education background, hobbies, or special interests _____

What is your experience dealing and working with the public? _____

NOTE: We wish to notify you of a legislation (Ohio Revised Code Section 109.57) that could affect your potential service with our organization. Under this law, at any time, a volunteer with unsupervised access to children on a regular basis may be required to provide a set of fingerprint impressions so that a criminal record check can be conducted.

CERTIFICATION and AUTHORIZATION (Please read thoughtfully.)

I certify that the information provided in the Volunteer Application is true, correct and complete. I authorize verification of all statements contained in this Application. I authorize former employers and/or educational institutions to provide information concerning me, and I release them from liability for providing any such information to Cincinnati Museum Center.

Signature _____

Date _____

ver 11/09

Return application to:

Send electronically to:

Cincinnati Museum Center Volunteer Office • 1301 Western Avenue • Cincinnati, OH 45203

volunteer@cincymuseum.org

**COMPLETE THIS FORM
AND RETURN IT WITH
YOUR APPLICATION**



**Cincinnati
Museum Volunteer
Center**

VOLUNTEER SERVICES APPLICANT SURVEY

I. In which area(s) of Museum Center would you be interested in volunteering?

Administrative

- Data Entry/ Typing
- Office Administration
- Reception/ Phones

Curatorial

- Cataloguing
- Preservation
- Research

Education

- Docents, Interpreters, Tour Guides
- Children's Programs

Museum Advancement

- Marketing
- Public Relations
- Membership
- Visitor Services

Museum Store

- Sales/ Cashier

Building & Grounds

- Gardening
- Maintenance

Special Events

- Culture Fests
- Temporary Exhibits
- Event Planning

Other Special Projects

- Exhibit Construction
- Painting
- Other _____

II. Special Skills

- Computer
- Newsletter Production
- Photography
- Addressing/ Mailings

- Public Speaking
- Education
- Guest Relations
- Fundraising

- Languages
- Plant/ Animal Care
- Event Coordination
- Other: _____

IV. Please indicate names, phone numbers and relationship of any Cincinnati Museum Center volunteers or employees with whom you are acquainted, or check blank. None

Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____

V. Are you currently a Cincinnati Museum Center Member? yes no

VI. Day/ Time Availability

I am interested in working _____ hours per week.

Days Available	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Exceptions to availability (List dates and times only, do not include reasons):

Name of Applicant (Print) _____

Signature _____

Date _____