

Kent History Museum Volunteer Application Form



“Cultivating Kent’s History”

The Kent History Museum welcomes enthusiastic individuals of all backgrounds and abilities, and does not discriminate or select volunteers on the basis of race, religion, disability or age, but rather by commitment, dependability, and the desire to be of service.

Today's date:	Name (Last/First):	
Address:	City/Zip:	
Home Phone:	Other Phone:	Email:

YOUR BACKGROUND	Check All That Apply: <input type="checkbox"/> Student <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Other	
	YOUR INTERESTS: How did you become interested in the Kent History Museum’s Volunteer Program? (<i>Explain</i>): _____ _____ _____	
	YOUR EXPERIENCE: Do you have any previous or current employment or volunteer experience that relates to your anticipated involvement at Kent History Museum? (<i>Explain</i>): _____ _____ _____	
	HOW MANY HOURS DO YOU PLAN TO VOLUNTEER?	
	Hours per week: Hours per month: Special events only:	
YOUR SCHEDULE FOR AVAILABILITY:		
	From:	To:
Mon.		
Tues.		
Wed.		
Thurs.		
Fri.		
Sat.		

REFERENCES Please name three people (not related to you) who have knowledge of your work or volunteer experience. If work history does not apply, then provide school or club references.		
Name:	Phone:	Address:
Email:	How does this person know you?	
Name:	Phone:	Address:
Email:	How does this person know you?	
Name:	Phone:	Address:
Email:	How does this person know you?	

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Have you ever been convicted of a misdemeanor or felony? Yes No

Have you ever been fired from work or dismissed from any other volunteer program? Yes No

Have you ever been an employee or volunteer for a museum before? Yes No

If you answered "yes" to any of the above questions, please explain below:

By signing below, I agree that my services are donated to the "Museum" without contemplation of compensation or future employment. I certify that the answers given by me to the foregoing questions and statements are true, correct, and without omissions. I authorize Kent History Museum to investigate and/or verify the foregoing information and any other information which might assist it in determining my qualifications for volunteering. I release the museum and my former employers and all others from liability from damage which may result from such investigation, if upon such investigation, anything contained in this application is found to be untrue. I further agree to comply with all policies and procedures, as well as safety practices in all areas of the museum. I understand that my volunteer status may be terminated at any time at will of the board.

ANY PERSON WHO GIVES FALSE INFORMATION WILL BE DISMISSED FROM THE VOLUNTEER PROGRAM.

YOUR SIGNATURE: _____ **date:** _____