

for office use only:

last name, first initial \_\_\_\_\_

## ABOVE & BEYOND CHILDREN'S MUSEUM

902 N. 8<sup>th</sup> Street, Sheboygan, WI 53081

Phone (920) 458-4263 • FAX (920) 458-3402

E-mail: char@abkids.org • www.abkids.org

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### CONFIDENTIAL VOLUNTEER INTAKE FORM

DATE: \_\_\_\_\_

TYPE OF PROGRAM  Customer Service @ front desk  tour guide  working with craft programs  
 face painting  building maintenance  building exhibits  working with reading programs  
 Data entry  administrative support  general "play" with kids  other: \_\_\_\_\_

#### VOLUNTEER INFORMATION

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ OK to call at work? \_\_\_\_\_

E-mail \_\_\_\_\_ Join our E-mail list?  Yes  No

Native Language(s) \_\_\_\_\_  Speak  Read  Write

Other Languages \_\_\_\_\_  Speak  Read  Write

Some Federal Agencies require us to report the following information:

#### ETHNIC GROUP

1 Native American  
2 Asian  
3 African American  
4 White  
5 Hispanic  
6 Not available

#### EDUCATION

1 <12 Grade  
2 H. S. Diploma  
3 Some College  
4 Undergraduate Degree  
5 Graduate Degree  
6 Not available

Occupation (if retired, formerly) \_\_\_\_\_

#### PLEASE LIST TWO PERSONAL OR PROFESSIONAL REFERENCES:

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

**AVAILABLE TO VOLUNTEER**

	Morn.	After.	Eve	Hours:
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Any other requests: \_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION AND RELEASE**

In connection with my application as a volunteer for Above & Beyond Children’s Museum, I understand that a criminal record check will be performed.

I authorize, without reservation, any law enforcement agency, institution, or information service bureau to furnish any such information.

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Social Security Number \_\_\_\_\_

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

*Any information received as a result of a record check is kept strictly confidential.*

**PERMISSION FOR MINOR TO VOLUNTEER**

I give permission for my son/daughter, as a minor, to volunteer with Above & Beyond Children’s Museum.

Parent’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*For Office Use Only*

Interviewed by \_\_\_\_\_

Working format  OTO  SmGp

**TERMINATION**

Termination Date:

Comments: