



# Application

(Please write/type on the lines)

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

## Contact Information

Last Name		First Name	Middle Name	
Address		City	State	Zip Code
Phone		Email		

Have you previously volunteered with Wheel and Cog Children's Museum?

Yes    No   Dates: \_\_\_\_\_

## Interests / Special Skills

Please check all that apply:

- I am an interested community member
- I would like to volunteer for:    service learning    school credit    internship
- School name: \_\_\_\_\_ Class: \_\_\_\_\_
- Semester: \_\_\_\_\_ Hours required: \_\_\_\_\_
- employer volunteer program
- Employer name: \_\_\_\_\_ Hours required: \_\_\_\_\_
- special project   Description: \_\_\_\_\_

Tell us why you are interested in volunteering/employment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summarize your previous volunteer/employment experience:

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe any skills or talents you could share with the Museum or its visitors:

\_\_\_\_\_  
\_\_\_\_\_

## Availability

Please indicate your availability:

	Mornings	Afternoons	Evenings
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"/>
Holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other \_\_\_\_\_

**Commitment:**

- Short term – 3 months; 24 hours minimum
- Long term – 6 months; 8 hours/month minimum

## References

Please list the names, addresses, and phone numbers of three persons you would like to use as references. List only people you have known at least one year. References may not be family members. Previous organizations you have volunteered for are recommended.

Name	Address/City/State/Zip	Phone Number	Email Address

## Agreement and Signature

I give Wheel and Cog Children’s Museum of Hutchinson permission to use images and video footages:

- Yes
  No

In connection with my application as a volunteer/employment for Wheel and Cog Children’s Museum, I understand that a background check may be performed. I certify that the information above is true and accurate to the best of my knowledge. All information shall be kept confidential.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For more information on volunteer/employment opportunities, please contact at [manager@wheelandcog.com](mailto:manager@wheelandcog.com)