

Application

(Please write/type on the lines)		Date:			
Contact Information					
Last Name	First Name	Middle Na	me		
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 cor	mmunity member				
☐ I would like to volunte	eer for: service learning	g 🔲 school credit	☐ internship		
School name:			Class:		
Semester:		Hours	s required:		
employer volunted	er program				
Employer name:		Hours	required:		
☐ special project 【	Description:				
Tell us why you are interested in	n 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 availa	bility:				
NA d.	Mornings	Afternoons	Evenings		
Monday Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Holidays					
Other					
Commitment: ☐ Short term – 3 months; 24 hours minimum ☐ Long term – 6 months; 8 hours/month minimum					
	Refer	ences			
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		