



Children's Museum of the Shoals

Volunteer Application

Name: _____ Date of Birth: _____
(first) (last) (month) (day) (year)

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Other Address (optional): _____

City: _____ State: _____ ZIP Code: _____

Home Phone Number: (____) ____ - _____ Cell Phone Number: (____) ____ - _____

Work Phone Number: (____) ____ - _____ E-mail: _____

Volunteer Position: _____

Please list any volunteer preferences below:

Beginning Date of Service: _____ End Date: _____
(month) (day) (year) (month) (day) (year)

Availability: (Please circle all that apply and indicate possible times for service.)

Tuesday Wednesday Thursday Friday Saturday After-hour
Events

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Please list any of your skills and/or experiences that you feel would be useful here at the Museum.

References: (Please indicate at least two references to contact.)

Name: _____ Name: _____

Position: _____ Position: _____

Contact #: _____ Contact #: _____

VEHICLE INFORMATION (if parking on site):

Driver's License Number: _____ State Issued: _____ Expiration Date: ____/____/____
(Please attach copy to application.)

Car Year/Make/Model/Color: ____/____/____/____

Vehicle License Tag Number: _____ State Issued: _____

Emergency Contact:

(Contact #1)

(Contact #2)

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Home Phone Number: (_____) _____ - _____

Home Phone Number: (_____) _____ - _____

Cell Phone Number: (_____) _____ - _____

Cell Phone Number: (_____) _____ - _____

OPTIONAL INFORMATION:

Current Prescriptions or Medications:

Health Conditions:

**IF AVAILABLE, PLEASE PROVIDE A COPY OF YOUR HEALTH INSURANCE CARD.
IN THE EVENT OF AN EMERGENCY, CMOS WILL CONTACT MEDICAL SERVICES.**

Agreement: (Please initial each statement below to acknowledge and accept.)

_____ I will offer the Museum my best performance and work to benefit its mission. I will conduct myself with the highest moral and professional standards.

_____ I will be prompt and reliable in reporting for scheduled work and training. I will notify my supervisor in advance if I am unable to come.

_____ I will accept the Museum's right to release any volunteer for unsatisfactory performance, poor attendance or punctuality, and unprofessional behavior.

_____ I will read and accept "The Volunteer Service Act," which regulates the protection of volunteers in liability cases in Alabama. (See Attached)

_____ I understand that personal injury or vehicle damage that occurs while acting as a volunteer is not covered by the CMOS' insurance, and it is the volunteer's sole responsibility.

_____ I will read and sign the attached CMOS Volunteer Handbook and agree to abide by its laws and regulations.

_____ Volunteers may be required to provide the necessary information for a background check.

Mission Statement

The Children's Museum of the Shoals delights the child in every visitor in a fun, creative, and enriching "touch-everything" experience where exploration stimulates lifelong curiosity and learning
