



# NEW VOLUNTEER INFORMATION

MUSEUM STAFF ORIENTATION  
DATE COMPLETED \_\_\_\_\_

To volunteer at the expERIENCE Children's Museum, please fill out this form and mail to:  
**expERIENCE Children's Museum**  
**420 French Street, Erie, PA 16507**  
 Upon receipt, our Volunteer Coordinator will contact you for further information.

**Contact Information** *please print*

Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_ Email Address \_\_\_\_\_

**Emergency Contact**

Who should we contact in case of an emergency? \_\_\_\_\_  
 Your relationship to this person \_\_\_\_\_ Phone # \_\_\_\_\_

**Volunteer Category**

Teen Volunteer      Age \_\_\_\_\_ School \_\_\_\_\_  
 College Volunteer      School \_\_\_\_\_  
 Number of volunteer hours needed \_\_\_\_\_ Deadline \_\_\_\_\_ Graduation Date \_\_\_\_\_  
 Would you be willing to volunteer even after your hours are completed if your schedule permits you to do so?     Yes     No  
 Adult Volunteer      Education level completed \_\_\_\_\_ School \_\_\_\_\_

**Availability** check as many as pertain

As Needed     Once a Week     Once a Month     Morning     Afternoon     Weekdays Only     Weekends Only

**Current Employment**

Occupation \_\_\_\_\_ Business Name \_\_\_\_\_     Part-time     Full-time  
 Skills \_\_\_\_\_  
 Past volunteer experiences \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Experience with children \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Areas of Interest**

How did you hear about the Museum? \_\_\_\_\_

Why would you like to volunteer here? \_\_\_\_\_

Areas of work you might be interested in helping with:

- Gallery Guide
- Birthday Parties
- Bulk Mailings
- Educational Programs/Special Projects

**Health**

List any health or other limitations that might affect your volunteer work. For example: Asthma, back problems, anxiety, etc.:

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

Is there any activity you cannot do (e.g. Lifting) \_\_\_\_\_

**References**

Please list the names and telephone numbers of two people who are not related to you that we may call for a reference.

1. \_\_\_\_\_
2. \_\_\_\_\_



**Contract conditions** The expERIENCE Children’s Museum is a drug-free workplace. I understand that I will not come to volunteer under the influence of alcohol or drugs. I will not hold ECM staff or board members responsible for any liability imposed or incurred as a result of accident, injury, or death while at ECM, and that I will abide by the rules and guidelines in the Orientation packet.

Volunteer signature \_\_\_\_\_ Date \_\_\_\_\_

*If you are under the age of 16, then your parent/legal guardian is required to sign.*

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_