



# VOLUNTEER APPLICATION FORM

## PERSONAL INFORMATION

Adult (18+)      Teen (13-17)      Child (12 and under, volunteering with an adult)  
 Mr.              Ms.              Mrs.              Miss              Dr.

Name: (last, first, middle) \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth (month/date/year): \_\_\_\_\_

Street Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you a Museum member?    Yes    No    Are you related to a Museum volunteer or staff member? \_\_\_\_\_

The Museum may contact me regarding membership, special events, or giving programs that support the Museum.    Yes    No

## EMERGENCY CONTACT INFORMATION (please provide address and phone numbers)

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

## EDUCATION

High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Undergraduate School: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Graduate School: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Post Graduate School: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Other: \_\_\_\_\_

### If you are currently in elementary, middle or high school level:

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

## EMPLOYMENT INFORMATION (if retired or not employed, please list your last place of employment)

Student      Employed      Not Employed      Not Employed at this time      Retired

Employer: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

My employer offers a donor matching program:    Yes    No

## AVAILABILITY TO VOLUNTEER

Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
Mornings	Mornings	Mornings	Mornings	Mornings	Mornings
Afternoons	Afternoons	Afternoons	Afternoons	Afternoons	Afternoons
Evenings	Evenings	Evenings	Evenings	Evenings	Evenings

Comments on availability: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT VOLUNTEERING AT THE UNIVERSITY OF ALASKA MUSEUM OF THE NORTH?**

*Fairbanks Daily News Miner*

Museum Member

Museum website

Volunteermatch.org

**SPECIAL CONSIDERATIONS**

Are there limitations or special circumstances we should be aware of?    Yes    No

**SWORN STATEMENT OF CRIMINAL BACKGROUND**

\_\_\_\_\_ I swear or affirm that I HAVE NOT been convicted of any felony/military court marshal or a misdemeanor/Article 15 military non-judicial punishment involving theft, drugs, alcohol, or physical or sexual abuse.

\_\_\_\_\_ I swear or affirm that I HAVE BEEN convicted of any felony/military court marshal or a misdemeanor/Article 15 military non-judicial punishment involving theft, drugs, alcohol, or physical or sexual abuse. Please attach an explanation of your conviction(s) including the offense(s), date(s), location(s), and disposition and attach a copy of your judgment for each conviction.

Signature

Date

**REFERENCES (should not include family members)**

1. Name: \_\_\_\_\_ Relationship to Volunteer Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Volunteer Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**IMAGE AND PERFORMANCE RELEASE (please choose one)**

I hereby **grant** to the University of Alaska Museum of the North the rights to use my image, interview/performance(s) or music for Museum exhibit displays, associated educational programs, and/or public relations and advertisement. The above mentioned items will not be used for retail sale or retail products.

I **do not grant** to the University of Alaska Museum of the North the rights to use my image, interview/performance(s) or music for Museum exhibit displays, associated educational programs, and/or public relations and advertisement.

**PARENTAL PERMISSION FOR VOLUNTEERS UNDER 18 YEARS OF AGE**

The parent(s) or guardian must sign below if the Volunteer Applicant is under 18 years of age.

I am the legal custodian of \_\_\_\_\_ (my child/ my ward). I give permission for my child/ward to become a University of Alaska Museum of the North volunteer. I authorize the University to obtain or provide emergency hospitalization, surgical or other medical care for my child.

# Volunteer Applicant Reference Check Form

## REFERENCES (should not include family members)

1. Name: \_\_\_\_\_ Relationship to Volunteer Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date Called: \_\_\_\_\_

Position Applied for:

Number of years you have know applicant:

Is applicant suitable for this position; why or why not?

Is there any reason why applicant should not be considered for this position? Explain:

2. Name: \_\_\_\_\_ Relationship to Volunteer Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date Called: \_\_\_\_\_

Position Applied for:

Number of years you have know applicant:

Is applicant suitable for this position; why or why not?

Is there any reason why applicant should not be considered for this position? Explain: