



Portland Children's Museum

## Wonder Academy Volunteer Application

Complete WAV applications should be address to Volunteer Manager and will include: WAV Application Form, essay, and two references. Materials can be returned to the Museum via mail or email. You will be contacted if the Museum has any questions regarding your application or if we wish to schedule an interview.

### Applicant Information

Name \_\_\_\_\_ Application Date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

High School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Do you speak a second language that you would be willing to use while volunteering? If yes, which language?

\_\_\_\_\_

### Emergency Contact Information

Emergency Contact 1 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

### Commitment

The WAV Program requires a commitment of either 60 hours or six months. Are you prepared to make this commitment? If not, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Essay Assignment

Please write a short, one page (double spaced if you decide to type it) essay explaining why you want to join the WAV Program. You might choose to discuss why you are interested in volunteering, what you hope to gain from your volunteer experience, your views on the importance of art and creativity in your life, or your experiences working with children.

The essay will serve to tell us a little bit more about you and what you will bring to the Museum and the WAV Program. The essay should be turned in to the Museum along with your completed application.

Please fill out this section with your guardian:

#### Support and Permission:

I understand the conditions under which my child will be volunteering, and I agree to support my child's application for participation in this program. If accepted, I will see that he/she attends the required orientation and training; attends all scheduled shifts (unless illness or a family emergency occurs); and adheres to the program policies and procedures. I understand that Portland Children's Museum is not responsible for my child when he/she is not in the Museum or before/after his/her scheduled shift.

I certify that the answers to questions and statements are true and correct without any omissions. I authorize Portland Children's Museum to investigate and or verify application information, and any other information, which might assist them in determining my child's qualifications for volunteering. I further agree to comply with the policies and procedures, as well as safety practices in all areas of Portland Children's Museum. I understand that my child's volunteer status may be terminated at any time for failure to comply with policies and procedures of Portland Children's Museum including those of the volunteer program; for absence without notification; for reasons of unsatisfactory attitude, work, personal appearance, and for any other circumstances which, in the judgment of Portland Children's Museum, would make my child's continued service as a volunteer contrary to their best interests. Any person who gives false information will be subject to immediate dismissal from the volunteer program.

#### Medical Emergencies

In case of serious accident or illness, I hereby authorize Portland Children's Museum to seek medical attention for the applicant in accordance with American Red Cross first aid guidelines.

#### Youth Volunteer Expectations

We (both parent/guardian and youth) understand that becoming a volunteer is a serious commitment. We understand that acceptance into the Wonder Academy Volunteer (WAV) program at Portland Children's Museum is contingent upon our agreement.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Insurance Information for Volunteers**

Thank you for applying to Portland Children’s Museum Volunteer Program. We have an excellent safety record. We don’t anticipate that you would be involved in an accident, but it is important you understand that should you be accepted as a volunteer at the Children’s Museum, you would NOT be covered by the Children’s Museum Worker’s Compensation program. You are urged to have your own health insurance in the event you are injured while performing your volunteer duties.

**Applicant Signature:** \_\_\_\_\_

**Guardian Signature:** \_\_\_\_\_

**Volunteer Criminal Records Check Consent Form**

In order to serve the best interest of museum visitors, CHILDREN’S MUSEUM conducts a criminal background check on all new employees, interns, and volunteers. If you have been convicted of an offense other than a minor traffic violation or juvenile offense, please provide details below. Indicate the date, charges, disposition, and the state and county in which the offense occurred. Conviction history will not automatically disqualify you from volunteer/intern status, but factors such as the nature and gravity of the crime, the length of time that has passed since the conviction, the completion of any sentence and the nature of the job for which you have applied, will be considered.

By your signature, you authorize CHILDREN’S MUSEUM to obtain information about you and your history. Falsification of information on this form will disqualify you from volunteering.

Please PRINT the following information in ink:

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

Other names used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver’s License (State/#): \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone \_\_\_\_\_

How long have you lived in Oregon? \_\_\_\_\_ If less than 7 yrs. continuous in Oregon, please list other city/state/zip/county/dates. \_\_\_\_\_

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

Have you ever been convicted of any crime? Yes      No

Please list ALL criminal convictions made against you:

Name (when charged)	Conviction	Date	Where Occurred(city/state)
_____			
_____			
_____			

\_\_\_\_\_

\_\_\_\_\_

I acknowledge the above information I accurate. I understand falsification of information will void this application or lead to immediate dismissal. I authorize Portland Children’s Museum to verify this information and conduct a background check.

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RELEASE FORM**

I consent to, and authorize the taking, use, and reproduction of images and audio, of me at Portland Children’s Museum by any media entity or individual hired by Portland Children’s Museum. I understand that I will not be compensated for the use of my images.

This release shall remain in effect unless and until I notify the Museum of my revocation in writing, and agree that such revocation will apply only to materials, presentations, or publications produced or printed by the Museum after receipt of my written notification.

**Signature:** \_\_\_\_\_

**Signature of Guardian:** \_\_\_\_\_

**Applicant’s Certification** – please read carefully before signing this application:

- Portland Children’s Museum is an equal opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital status or military service or any state protected classifications. We honor and value diversity in the workplace.
- No applicant will be rejected as a result of an impairment that, with reasonable accommodation, does not prevent performance of the work.
- Portland Children’s Museum does not tolerate sexual harassment or harassment on the basis of any protected class status in the work place.
- I certify that I have answered truthfully and have not knowingly withheld information relative to my application. I understand that any misrepresentation or material omission on the application will result in my being eliminated from further consideration. I further understand that, if accepted to volunteer, any misrepresentation or material omission that becomes known to Portland Children’s Museum may result in my immediate termination.
- I hereby authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give Portland Children’s Museum representatives any and all information regarding me and my previous experience. I release Portland Children’s Museum and all previous employers and supervisors from liability for any damages that may result from furnishing information to Portland Children’s Museum.
- The skill sets of the applicant will be compared to the skill sets needed to fulfill the job descriptions. Placement will be based on the recommendation of the volunteer and the Museum supervisor, and the willingness of the applicant to perform the required duties at the times needed by Portland Children’s Museum.
- If accepted to volunteer, I agree to adhere to all existing and future instruction, rules, and policies of Portland Children’s Museum. I understand that my position can be terminated at any time, at the option of either Portland Children’s Museum or myself.
- I agree that I offer my services as a volunteer with no expectation of monetary compensation and that I am to fulfill the commitment as outlined including any required training.

I have read and reviewed the above certification statements and other information provided in the application.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_