

Children's Museum of Oak Ridge

Volunteer Application



Please send your completed application to Lorraine Bowen, CMOR, 461 W. Outer Dr., Oak Ridge TN 37830. You may also scan & e-mail your application to lbowen@childrensmuseumofokridge.org or Fax to 865-481-4889. Incomplete applications will not be considered. You will be contacted if your skills & interests meet the Museum's volunteer needs. Thank you.

Name: _____
First Middle Initial Last

Address: _____
Number Street Apt No., or P.O. Box

City/Town State Zip Code

Your Age (check one): Under 16; 16-17; 18 or older **Birth Date (optional):** _____
Month Day Year

Contact Information:
 E-mail: _____ Cell Phone: (____) _____
 Home Phone: (____) _____ Best time to call? _____ At (circle) Cell Home

Education:
 Are you a student? Yes; No. If yes, please share your school _____ & Grade/year _____

If you are not currently a student, please tell us about your past education:

Previous School/College/University	Major	Degree/Diploma Awarded
_____	_____	_____

Volunteer Experience (if none, write n/a):

Organization	Position	Dates of Service
	From: To:	From: To:
_____	_____	_____

Work Experience (if none, write n/a):

Organization	Position	Dates of Service
	From: To:	From: To:
_____	_____	_____

Placement Information: Please tell us about your skills & interests. Check as many items as you wish.
 I would enjoy a position that involves:
 Working with the public Working with adults Explaining things Speaking to groups
 Working "behind the scenes" Working with children Organizing things Helping visitors

My skills include:
 Art Hospitality Office Photography
 Children's Crafts Library Writing/Editing Videography
 Teaching Graphic Design Computers/Web Carpentry/Construction
 Exhibits Painting Ecological Gardening Other _____

Topics that interest me include:
 Art Geology/Paleontology Botany American Indians Anthropology/Archaeology
 Antiques Zoology Geography History Manhattan Project

