## Children's Museum of Oak Ridge Volunteer Application



Please send your completed application to: CMOR, 461 W. Outer Dr., Oak Ridge TN 37830. You may also scan & e-mail your application to *volunteer@childrensmuseumofoakridge.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:					
Fi	rst	Middle Initial	Last		
Address:	nber	Street	Apt No., o	r P.O. Box	
Ci	ty/Town	State	Zip Code		-
Your Age (check of	one): Under 16;	16-17; 18 or olde	r Birth Date	(optional):	
<b>Contact Informa</b>		, <del></del>		Month Day Year	
			Call Dhona. (	,	
Home Phone: (	)	Cell Phone: ( Best time to call?			Home
Tionic i none. (	_/	Best time	c to can:	At (circle) CCII I	IOIII
<b>Education:</b>					
Are you a student? _	_ Yes; No. If yes,	please share your sch	nool	& Grade/year	
If you are not currer	tly a student, please to	ell us about your past	education:		
Previous School/College/University		Major		Degree/Diploma Awarded	
Volunteer Experior Organization	rience (if none, write	Position	То:	Dates of Service From: To:	
Work Experience Organization	e (if none, write n/a):	Position From:	То:	Dates of Service From: To:	
I would enjoy a post  Working with the	tion that involves:  public We	orking with adults	Explaining thi	as many items as you wish.  ings Speaking to groups ings Helping visitors	
My skills include:  Art Children's Crafts Teaching Exhibits	<ul><li>Hospitality</li><li>Library</li><li>Graphic Design</li><li>Painting</li></ul>	Office Writing/Editin Computers/We Ecological Gar	eb Carp		
Topics that interest : Art Antiques	me include: Geology/Paleontolog Zoology	gy Botany Geography	American Indi	ians Anthropology/Archaeo Manhattan Project	ology

Are you interested in volunteering on a (circ	le one): Regular basis	Short-term basis	Not sure
Will you be volunteering for class credit or t	o fulfill a service requirer	ment? Yes; No	
How did you learn about volunteering with u	us? Museum Website Volunteer Fair		
<b>References (excluding relatives):</b>	voranteer run		
Name:	Phone/Email:	Relationship:	
Name:	Phone/Email:	Relationship:	
High school students who are volunteering for age 17 and under <i>must</i> attach a recommendat knows you well (i.e. teacher, pastor, employed)	tion letter to this applicati		
Background Check: Names of all prospective Children's Museum Tennessee Sexual Offender Registry. Applie			
If you are 18 or older, please initial here Have you ever been convicted of a felony? _	_ to give your consent. Yes; No. If yes, p	lease explain:	
Emergency Contact Information: Name: Telephone	:: ()	Relationship: _	
Do you have any medical information of wh	ich we should be aware?	Yes; No. If yes	, please explain:
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Signature of Applicant Date	Signature of Par	ent/Guardian (if applica	nt is under 18) Date
Signature of CMOR Representative	Date		
	For Office Use Only		
Interviewed by	Date		
Placement(s)		s)	
Start Date	Training	completed Ente	red into database
End Date	Name tag	issued	(9-2019)