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@childrensmuseumooakridge.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
Are you interested in volunteering on a (circle one): Regular basis  Short-term basis  Not sure

Will you be volunteering for class credit or to fulfill a service requirement?  __ Yes;  __ No.

How did you learn about volunteering with us?  __ Museum Website  __ Museum Visit  __ United Way  
  __ Volunteer Fair  __ TN Promise  __ Other __________

References (excluding relatives):
Name: _______________________________  Phone/Email: ____________________  Relationship: ____________
Name: _______________________________  Phone/Email: ____________________  Relationship: ____________

High school students who are volunteering for service hours do not need a recommendation letter. Other applicants age 17 and under must attach a recommendation letter to this application. The letter should be from someone who knows you well (i.e. teacher, pastor, employer), but not a relative.

Background Check:
Names of all prospective Children’s Museum of Oak Ridge volunteers age 18 and older are run through the Tennessee Sexual Offender Registry. Applicants may also be subject to a criminal history background check.

If you are 18 or older, please initial here ____ to give your consent.
Have you ever been convicted of a felony?  __ Yes;  __ No. If yes, please explain: __________________________

Emergency Contact Information:
Name: _______________________________  Telephone: (___)  _______________  Relationship: _______________

Do you have any medical information of which we should be aware?  __ Yes;  __ No. If yes, please explain: ______

Photo Release, Waiver, and Release of Liability:
Museum staff may photograph programs and volunteers for purposes of promoting the Museum to its members and the general public. I hereby grant to the Children’s Museum of Oak Ridge (CMOR) and its representatives, employees, agents and assigns, the unrestricted, irrevocable, worldwide right, permission and license to use, copy, display, reproduce and publish pictures, portraits and photographs of me, including my image and likeness as depicted therein, which document or otherwise relate to my participation in CMOR directed activities, for editorial, trade, promotion, advertising and in any other lawful purpose or manner and in all forms of medium and media, including printed and electronic media and/or composite representations, to alter the same for use on the Internet and Web sites in association with CMOR Online and/or other CMOR related Web sites; and to copyright the same. I waive any right to inspect or approve the finished product, including written copy that may be created in connection with CMOR’s use and license rights herein. I hereby release CMOR, its trustees, officers, employees, agents, legal representatives and assigns from any and all claims, actions and liability relating to its use of said photographs. The undersigned intends to volunteer at the CMOR and does hereby waive all manner of action and actions, cause and causes of action, damage, claims, and demands, holding CMOR, their agents and employees harmless from any and all claims, demands, liabilities on account of any injuries, losses, and damages to his/her property which might be caused, or may at any time arise, by reason of his/her orientation, training, duties, or temporary assignment for any purpose and while under the supervision of agents and employees of CMOR. This “Waiver and Release of Liability” is freely given with full knowledge and intention to absolve completely, absolutely, and finally, the aforesaid parties, its agents and employees from any claim of loss, injury, or liability resulting from any accident or other incident of unintentional origin. Having read and understood all of the above, I do hereby understand the risks involved, and agree that this waiver and release shall be binding upon my heirs, executors, administrators, & assignors, & by affixing my signature below, agree to all preceding provisions. This agreement shall be in effect from this day forth, until changed in writing or until the volunteer’s service ends or status is rescinded.

________________________________________________
Signature of Applicant  Date  

________________________________________________
Signature of CMOR Representative  Date  

Signature of Parent/Guardian (if applicant is under 18)  Date  

For Office Use Only
Interviewed by ______________________________  Date ______________  
Placement(s) ______________________________  Supervisor(s) ______________________________  
Start Date __________________________  __ Training completed  __ Entered into database  
End Date __________________________  __ Name tag issued  (9-2019)