



## Antique Powerland Museum Association Volunteer Application

*(All Information is confidential and will not be shared with anyone outside of APMA Staff, except as necessary to compete a background check)*

Name \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

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

**Employment/Education Information:** Student?  Yes  No Employed?  Yes  No Retired?  Yes  No

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

Current Employer \_\_\_\_\_

Prior Volunteer Work?  Yes  No Organization \_\_\_\_\_

Have you volunteered at APMA before?  Yes  No When? \_\_\_\_\_

Birthday \_\_\_\_\_ / \_\_\_\_\_  
Month Day

Age Range: Under 13    13-17    18 or older

**Emergency Information:** In case of an emergency, whom should we contact?

Primary Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Do you want to volunteer to fulfill any requirements for school or other organization?  Yes  No

Program Name \_\_\_\_\_ # of Hours Required \_\_\_\_\_

Organization Contact Person \_\_\_\_\_ Phone number \_\_\_\_\_

Do you speak any other languages besides English?

Spanish ( ) Russian ( ) Other ( )

How did you learn about volunteer opportunities at APMA?

Do you have any allergies or medical conditions that our museum staff should be aware of?

What are your volunteer interests (i.e., mechanical, taking care of facilities, museum, office)?

Please list your availability, including days of the week and times available:

May we have your permission to take a photo or video of you during our events or other volunteer opportunities and use it for promotional purposes?  Yes  No

Do you have any special skills or abilities (i.e., photography, videography, mechanical, woodworking, painting, blacksmithing)?

Please list two references and their contact information who can verify your character and volunteer ability. I hold APMA harmless from any damages resulting from checking these references.

\_\_\_\_\_ Please initial here.

(At least one of the references must be someone outside of your family)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Relationship to you \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Note: The following questions relate to your background and will not be shared with anyone outside of APMA Staff. APMA is a private, non-profit museum and the safety of our guests, staff and volunteers is of the utmost importance to us. Please answer truthfully and ask questions if you need further clarification. Thank you!**

**I understand that a criminal background check will be conducted if I am over 18. Please initial \_\_\_\_\_**

1. Have you ever been convicted of a felony or misdemeanor?  Yes  No

If 'yes', please list offense(s) and date: \_\_\_\_\_

2. Have you ever registered as a sex offender in this or any other state?  Yes  No

Do you have any other comments or questions, or is there anything else we should know about you?

I acknowledge the above information is true to the best of my ability.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If volunteer is under 18 years of age, parent or guardian must sign Volunteer Permission Form)

Received in office:

**To complete this application, read through the Volunteer General Expectations. Sign and date your application. If you have any questions please talk to the Administrative Assistant or APMA Board President. Upon completion and submission of your application, a volunteer or staff designee will contact you to let you know whether your application has been approved and if so, will discuss how to begin your volunteer service.**