



Volunteer Application

Please Print

Omaha Children's Museum
500 South 20th Street
Omaha, NE 68108
(402) 342-6164
www.ocm.org

Name _____

Address _____

City, State, Zip _____

Phone Day _____ Evening _____ Cell _____

Please circle the best phone number to reach you.

Email _____ Age (If under 18) _____

I am interested in volunteering at the Omaha Children's Museum because:

How did you hear about the volunteering at OCM? _____

☐ I need to complete community service hours for _____.

I need to volunteer _____ hours of service.

I am interested in volunteering beyond my required hours. YES NO

I am available to volunteer: (check all that apply)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

NOTE: White boxes are regular museum hours. Grey boxes are subject to availability or events.

I am interested in volunteer in this area:

- | | | |
|--|---|--|
| <input type="checkbox"/> Guest Services | <input type="checkbox"/> Education | <input type="checkbox"/> Facility & Exhibits |
| <input type="checkbox"/> Discovery Guide | <input type="checkbox"/> Support Services | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Don't Know | <input type="checkbox"/> Other: _____ | |

I would like to work: (check all that apply)

- ☐ independently ☐ with the public ☐ away from the public ☐ with other volunteers

I am: (check all that apply)

- | | | | |
|-------------------------------------|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> creative | <input type="checkbox"/> poetic | <input type="checkbox"/> bold | <input type="checkbox"/> spontaneous |
| <input type="checkbox"/> artistic | <input type="checkbox"/> introverted | <input type="checkbox"/> outgoing | <input type="checkbox"/> gentle smiley |
| <input type="checkbox"/> | <input type="checkbox"/> organized | <input type="checkbox"/> resourceful | <input type="checkbox"/> crafty |
| <input type="checkbox"/> athletic | <input type="checkbox"/> energetic | <input type="checkbox"/> talkative | <input type="checkbox"/> detail-oriented |
| <input type="checkbox"/> logistical | <input type="checkbox"/> adventurous | <input type="checkbox"/> silly | <input type="checkbox"/> not-so-organized |

Other: _____

List any special skills, interests, hobbies or language skills: _____

References: List two local persons not related to you who can speak of your qualifications for this position. If you have previous volunteer experience, one reference should be from that organization.

Name_____Relationship_____Phone_____

Address_____City, State ZIP _____

Name_____Relationship_____Phone_____

Address_____City, State ZIP _____

Current Employer/School_____Grade (if in school) _____

Have you ever been convicted of a violation other than a minor traffic violation? A conviction is not an automatic bar to service. Circumstances will be considered including the nature of the crime and length of time since conviction.

☐ No ☐ Yes If yes, please explain: _____

EMERGENCY CONTACT

Name_____Relationship_____

Phone: Day_____Evening_____Cell _____

PLEASE READ AND SIGN

I, _____, hereby apply to serve as a volunteer with the Omaha Children's Museum. I hereby give my permission and authorize any law enforcement agency, child protective serve agency, governmental agency, or court to release to the Omaha Children's Museum, its agents or representatives any documents, records, or other information pertaining to me. I understand that my refusal to authorize the release the above-mentioned information may disqualify me service as a volunteer with the Omaha Children's Museum.

I hereby release, discharge, and exonerate Omaha Children's Museum, its agents and representatives, and any agency, court, or person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigation made by the Omaha Children's Museum.

Signature_____Date_____

If under the age of 18, please complete:

Parent/Guardian_____Phone_____

Address_____City, State ZIP _____

Parent/Guardian Signature_____Date_____

VOLUNTEER ACKNOWLEDGEMENT FORM

I understand that I have entered into a volunteer relationship with the Omaha Children's Museum and acknowledge that I shall not nor shall I expect to receive any form of payment for volunteer talents and services I contribute to the museum. I can terminate my volunteer service at any time and for any reason. Omaha Children's Museum also reserves the right to end my volunteer service whenever the museum deems it to be in the best interest of the Omaha Children's Museum.

I certify that the information contained in my application for volunteer service is true to the best of my knowledge and belief. I understand that any omission of facts or misrepresentation is cause for denial of service and/or dismissal regardless of when discovered. I grant permission for the authorities of Omaha Children's Museum to investigate any references provided and release them from any and all liability resulting from such investigation.

I agree that my acceptance of volunteering is contingent upon successfully meeting background check requirements. I further agree that if I have been convicted of a crime, the authorities of the Omaha Children's Museum may obtain the details of the conviction to determine its relationship to the volunteer service.

I understand that the Omaha Children's Museum may take photographs from time to time for its publications and other uses.

I further acknowledge that this Handbook is neither a contract of volunteer service, employment nor a legal document. I understand that I should contact the Director of Museum Services with any questions in this handbook or any other policy of the Omaha Children's Museum.

Signature _____ Date _____

If under the age of 18, please complete:

Printed Name, Parent/Guardian _____

Parent/Guardian Signature _____ **Date** _____