

CHILDREN'S MUSEUM OF STOCKTON

Volunteer Application

Thank you for your interest in volunteering at the Children's Museum of Stockton. As a non-profit organization we appreciate our volunteers as a valuable resource to continue the Museum's mission of providing a safe, fun and educational facility for the children in our community. Volunteer opportunities are available on a first come, first served basis. Please note: At this time, we do not accept court ordered community service requests. All adult volunteers age 18 and over are required to complete a background check.

Name: _____ Age: _____

Address: _____

Telephone: (Home): _____ Cell: _____

E-mail: _____

Occupation: _____

Special skills, interests, training, education, work or previous volunteer experience:

I want to volunteer because: (Please check all that apply)

School/College (required volunteer hours to graduate, community service requirement)

Name of School: _____ **Grade:** _____

Number of hours needed: _____ **Complete by date:** _____

Work experience

Make a difference

Extra credit for school

Contribute to the community

Strengthen Resume

Assist with Museum events

Other:

I enjoy working with: (Circle all that apply)

Adults

Young Adults

Older Children

Younger Children

Availability: Please indicate your available days and times. (Please note that the Children's Museum is typically closed for operation on Monday and Tuesday however, we may have special events or projects on those days)

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Emergency Contact: _____

Name

Relationship

Emergency Contact Telephone: _____

EMERGENCY MEDICAL FORM

I hereby authorize and consent to any X-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. I hereby agree to indemnify and hold harmless the Children's Museum of Stockton and any of their employees from any liability, claim or action for damages resulting from, or in any way arising out of volunteering at or for the Children's Museum of Stockton.

This authorization is given pursuant to Section 6910 of the Family Code of California and remains effective for one year from the date of the signing.

Upon returning this form, I immediately consent to the use of my name, likeness and photo for use in all manners by the Children's Museum of Stockton staff, including displays, newsletters, brochures, or any other lawful purposes.

I agree to represent the Children's Museum of Stockton in a manner that is in line with the organizations' Standards of Conduct.

Volunteer Signature: _____ Date: _____

Parent/guardian Name (If volunteer is under 18): _____

Parent/Guardian Signature: _____ Phone Number: _____