



Office use only:
Received: _____
WSP check: _____

Volunteer Application

Please check one: Adult (over 18) Minor (13-17)
Please check one: Volunteer Internship (specify) _____ Court/CYS Ordered

Contact Information *(If you have moved to WA within the last year please provide your previous address on additional paper.)*

First Name: _____ Middle Initial: _____ Last Name: _____ Birthdate: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contacts

Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____

References (Acceptable references include, teachers, coaches, former or current employers, religious leaders)
Reference checks are required for some positions. By signing this application you are authorizing the Museum to contact your references.

Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____

Why do you want to volunteer at Hands On Children's Museum?

Please describe any related experience:

Do you speak any foreign languages? Yes No

If yes, what languages? Are you fluent? _____

In which areas are you interested?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Activity Prep | <input type="checkbox"/> Education | <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Nature Guide/SS Naturalist |
| <input type="checkbox"/> Art Studio | <input type="checkbox"/> Evening Programs | <input type="checkbox"/> Preschool | <input type="checkbox"/> Special Events (Off Site) |
| <input type="checkbox"/> Day Camps | <input type="checkbox"/> Exhibit Galleries | <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Special Events (In House) |

Do you have any SKILLS or TALENTS that may benefit the Museum?

Availability

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
Start	End	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End

Medical History Information

Please list/describe any medical conditions of which the Museum or emergency personnel should be aware.

(seizures, diabetes, heart condition, etc.) _____

Do you have any allergies? No Yes

Do you require emergency medical attention for these allergies? No Yes

If yes, please list the allergies that require medical attention and describe any medications or treatment that would be needed if an allergic reaction occurred. _____

Please describe any disabilities or difficulties which prohibit you from performing certain kinds of work.

Intellectual Property

I understand that in the course of volunteering I may participate in or create intellectual property on behalf of the Museum. I understand that all such property, and all rights to its use, belong exclusively to the Museum. I shall exercise due diligence in ascertaining the ownership of any non-Museum intellectual property prior to its use by the Museum, and shall work with appropriate Museum personnel to protect Museum intellectual property.

Image and Performance Release (please choose one)

- I hereby **grant** to the Hands On Children’s Museum the rights to use my image, interview/performance(s) or music for Museum exhibit displays, associated educational programs, and/or public relations. The above mentioned items will not be used for retail sale or retail products.
- I **do not grant** to the Hands On Children’s Museum the rights to use my image, interview/performance(s) or music for Museum exhibit displays, associated educational programs, and/or public relations.

Release from Liability

By signing this release, you waive your right, and the right of any Minor Child Participant you represent, to hold the Museum and its trustees, officers, employees, volunteers, independent contractors, representatives and agents (the Museum People”), liable for any injury or loss suffered by you or the Minor Child Participant during the program. This means that by signing this Release of Liability, you and/or the Minor Child Participant you represent, give up the right to make demand upon the Museum and the Museum People for payment of any damages suffered by you or the Minor Child Participant during the program, whether such damages are caused by physical injury, loss of property, acts of a third party, or any other case whatsoever.

By signing this application, you agree to release the Museum from all liability pursuant to the paragraph above. If you also are the legal guardian of a Minor Child Participant, you represent that you are the parent or legal guardian of the Minor Child Participant, whose name is _____, and that you are acting in that capacity when you release the Museum and the Museum People, as set forth in this agreement, from any liability for any damage or injury suffered by the Minor Child Participant while participating in the Museum’s volunteer program.

Full name of Adult volunteer: _____ **Date:** _____

Full name of Minor parent or legal guardian: _____ **Date:** _____

Illness or Injury

In the event of illness or injury, I authorize and agree to pay for such medical treatment or diagnostic procedures as may be deemed necessary by authorized personnel.

Signature Adult volunteer: _____ **Date:** _____

Signature of parent or legal guardian: _____ **Date:** _____

Signature & Verification

I certify that the information provided in the Volunteer Application is true and correct, and that I have read and understand this Application, including without limitation the Release above. I freely and voluntarily agree to all of the conditions and responsibilities listed herein both for myself and on behalf of any minor children as indicated below.

Applicant Signature

Date

Signature of Parent/Guardian (Required for Minor Applicants)

Date

Please remember that volunteer placement is a selective process and not all applicants are accepted into the program. The Museum reserves the right to place volunteers in the area staff feels is best suited to the applicant's skills and the needs of the Museum.

Hands On Children's Museum
REQUEST FOR CRIMINAL HISTORY INFORMATION
CHILD/ADULT ABUSE INFORMATION ACT
RCW 43.43.830 through 43.43.845

Information Request Release Form for:
Hands On Children's Museum
414 Jefferson St. NE
Olympia, WA 98501
(360) 956-0818

APPLICANT OF INQUIRY

Applicant's Name _____

Alias/Maiden Name _____

Date of Birth: _____ Gender: _____ Race: _____

Driver's License#/State: _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

CRIMES AGAINST PERSONS: Murder; Kidnapping; Assault; Assault of a child: Custodial assault; Harassment; Stalking; Reckless endangerment; Coercion; Rape; Rape of a child; Robbery; First degree arson; First degree burglary; Residential burglary; Manslaughter; Extortion; Indecent liberties; Incest; Vehicular homicide; Vehicular assault; Promoting prostitution; Communication with a minor for unlawful purposes; Unlawful imprisonment; Sexual exploitation of minors; Criminal mistreatment; Child abuse or neglect as defined in RCW 26.44.020; Custodial interference; Child molestation; Sexual misconduct with a minor; Patronizing a juvenile prostitute; Child abandonment; Promoting pornography; Selling or distributing erotic material to a minor; Violation of child abuse restraining; Child buying or selling; Prostitution; Felony indecent exposure; etc.

CRIMES AGAINST PROPERTY: Theft of money; Auto theft; Fraud; Perjury; Second degree burglary; Vehicle prowling; Possession of stolen property; Criminal Trespass; Arson; etc.

DRUG-RELATED CRIMES: 'Crimes relating to drugs' means a conviction of a crime to manufacture, deliver, or possession with intent to manufacture or deliver, a controlled substance.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature _____

Date _____

-----Applicant: DO NOT WRITE BELOW THIS LINE-----

I certify this request is made pursuant to and for the purpose of obtaining information allowed to employers by the above cited RCW and that this information will be used only for making the decision to hire or allow the applicant to act as a Hands on Children's Museum volunteer, and for no other purpose. If the information supplied below is insufficient to confirm applicant's identity, applicant will be supplied another release form for a more detailed records check.

(name & title)

Business Manager

APPLICATION/ DISCLOSURE STATEMENT

I understand that my position with the Hands On Children's Museum is contingent upon the Hands On Children's Museum's review and approval of a truthfully completed and signed Application / Disclosure Statement and receipt of a report declaring no evidence of criminal history from obtaining a background check using various sources, including but not limited to: National Instant Criminal Background Check System (FBI/NICS), State of Washington WATCH program (WSP, Choice Point, Intellicorp, and/or companies that provide background check services.

I further understand that if I am hired or permitted to volunteer, I may be discharged for any misrepresentation or omission on the Application / Disclosure Statement or the request for Criminal History.

Name: _____ Date of Birth: _____
(Last) (First) (Middle)

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

HAVE YOU EVER BEEN:

- 1. Convicted of any crimes against persons (as defined on the previous page)? No Yes
- 2. Found in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor? No Yes
- 3. Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor? No Yes
- 4. Found in any final decisions issued by a disciplinary board (or the director of the Washington State Department of Licensing) to have sexually abused or exploited any minor or to have physically abused any minor? No Yes
- 5. Convicted of any crimes against property? No Yes
- 6. Convicted of any crimes related to drugs as defined in RCW 43.43.830? No Yes

Answering YES to any of the above inquiries will not necessarily disqualify you from being hired or volunteering for the Hands On Children's Museum but will require the Hands On Children's Museum to make further inquiries before you will be permitted to begin your activities on its behalf. You will be requested to complete a REQUEST FOR CRIMINAL HISTORY authorized by the CHILD/ADULT ABUSE INFORMATION ACT. The request will permit the Hands On Children's Museum, pursuant to RCW 43.43.838, to obtain a report of your criminal convictions; disciplinary board final decisions and subsequent criminal charges associated with the disciplinary board's final decision; and the record of civil adjudication pertaining to offenses against children. If there is no such history on record with the Washington State Patrol or Federal Bureau of Investigation, you may, upon request, receive a notice entitled "IDENTIFICATION DECLARING NO EVIDENCE." If there is such a record, we will immediately notify you. The Hands On Children's Museum will use the report only for the purpose of making its decision whether to hire you or to permit you to act as a Hands On Children's Museum volunteer, and for no other purpose.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature Date