

Volunteer Application

The Natural History Museum of Los Angeles County welcomes enthusiastic individuals of all backgrounds and abilities, and does not discriminate or select volunteers on the basis of race, religion, disability or age, but rather by commitment, dependability, and the desire to be of service.

YOU

Today's Date: _____

Last Name:	First Name:	MI:
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Email:	Work Phone:	

YOUR BACKGROUND

Check all that apply: <input type="checkbox"/> Student <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Other <small>It is the policy of NHM to not place individuals in volunteer positions in order to be trained for paid positions.</small>	Employer/School: <hr/> Address: <hr/> Phone: _____ Okay to call, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Title/Position: <hr/> Highest Level of Education: <hr/>
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YOUR AVAILABILITY

Monday	From:	To:	How many hours do you plan to volunteer? _____ Hours per week _____ Hours per month _____ Special Events Only
Tuesday	From:	To:	
Wednesday	From:	To:	
Thursday	From:	To:	How long do you plan to volunteer?
Friday	From:	To:	
Saturday	From:	To:	
Sunday	From:	To:	

YOUR INTERESTS

How did you become interested in the Natural History Museum Volunteer Program?

Do you have any previous or current employment or volunteer experience that is relevant to your anticipated volunteer placement?

Hobbies and/or special interests:

Languages spoken (other than English):

REFERENCES

Name below two people not related to you who have knowledge of your work/volunteer experience within the last three years. If this does not apply, then provide school or personal references who are not related to you.

Name:

Address:

City:

State:

Zip Code:

Phone No.:

Email:

Relationship:

Years Known:

Name:

Address:

City:

State:

Zip Code:

Phone No.:

Email:

Relationship:

Years Known:

QUESTIONNAIRE

Have you ever used or been known by any other name?	◇ Yes ◇ No
Have you ever been convicted of a misdemeanor or felony?	◇ Yes ◇ No
Have you ever been dismissed from any other volunteer program?	◇ Yes ◇ No
Have you ever been an employee or volunteer of Natural History Museum of Los Angeles County, the George C. Page Museum or the William S. Hart Museum?	◇ Yes ◇ No
If you answered "yes" to any of the above questions, please explain below. (Please note that a "yes" answer to any of the above questions may not necessarily exclude you from volunteering.)	

YOUR SIGNATURE

<p>I agree to hold as absolutely confidential all privileged and/or sensitive information, which I may obtain directly or indirectly, concerning the "Museum," its guests, and staff (including employees and volunteers),</p> <p>I agree that my services are donated to the "Museum" without contemplation of compensation or future employment.</p> <p>I certify that the answers given by me to the foregoing questions and statements are true, correct, and without omissions. I authorize the Natural History Museum of Los Angeles County ("Museum") to investigate and/or verify the foregoing information and any other information which might assist it in determining my qualifications for volunteering. I release the "Museum" and my former employers and all others from liability from damage which may result from such investigation, if upon such investigation, anything contained in this application is found to be untrue. I further agree to comply with all policies and procedures, as well as safety practices in all areas of the "Museum." I understand that my volunteer status may be terminated at any time for failure to comply with policies and procedures of the "Museum," including those of the volunteer program; for absence without notification; for reasons of unsatisfactory attitude, work, personal appearance, and/or for any other circumstances which, in the judgment of the "Museum," would make my continued service as a volunteer contrary to their best interests.</p> <p>ANY PERSON WHO GIVES FALSE INFORMATION WILL BE SUBJECT TO IMMEDIATE DISMISSAL FROM THE VOLUNTEER PROGRAM.</p>	
Signature:	Date:
Print Name:	