



# City of Chandler Museum Division VOLUNTEER APPLICATION

**Office use**  
 Interview date: \_\_\_\_\_  
 References: \_\_\_\_\_  
 Placement: \_\_\_\_\_  
 Start date: \_\_\_\_\_

**Name:** \_\_\_\_\_  

Last
First
Middle Initial

**Address:** \_\_\_\_\_  

Street
Apt. No.
City/State
Zip

**Primary Phone:** \_\_\_\_\_ **Secondary Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

Arizona Drivers License # \_\_\_\_\_  

Class
Exp. Date

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  

Street
Apt. No.
City/State
Zip

**Relationship to you:** \_\_\_\_\_

**Prior Volunteer Experience:** \_\_\_\_\_

**Hobbies, Personal Interests and/or Special Skills/Training:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Work Status:** · · Employed full-time: \_\_\_\_\_ · Employed part-time: \_\_\_\_\_ Retired/Unemployed/Student: \_\_\_\_\_

**Current/Most recent employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Job Title/Responsibilities:** \_\_\_\_\_

**Educational Background:** *(Circle last year completed)*

High School degree or High School Equivalency Certificate 1 2 3 4

College Major/Post High School Training: School/Major: 1 2 3 4

Graduate Field: School/Major: 1 2 3 4

Do you have transportation to and from your Volunteer assignment?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Fluent Languages (other than English):

Language: \_\_\_\_\_ Read Speak Write

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**Please indicate the times you would like to volunteer:** \_\_\_\_\_ weekly \_\_\_\_\_ twice monthly \_\_\_\_\_ special projects

**Museum Hours:** Tues-Sat 10am-5pm, Sundays 1-5, Office only Mondays.

	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Mornings: 10-1						X
Afternoon: 1-4						

What date would you be available to start volunteer work? \_\_\_\_\_

**Volunteer Interests** (please **circle** all that apply):

- Collections                      Technology                                      Research                                      Education  
Family Programs                      Exhibits                                      Special Events                                      Visitor Services  
Docent/Tour Guide

**Volunteer Skills** (please **circle** skills you would like to share)

- Word Processing/Filing                      Fundraising                                      Grant writing                                      Social Media  
Software (i.e. Photoshop, Excel)                      Writing                      Editing                      Public speaking                      Teaching adults                      Teaching Children  
Customer Service                      Video/Film/Photography                      Organization                      Conversation

Do you have any special needs or disability that we need to be aware of? \_\_\_\_\_ If yes, please explain:

Have you ever been convicted and/or placed on probation for any criminal offenses?                      Yes                      \_\_\_\_\_                      No                      \_\_\_\_\_

If "yes", please provide dates and detailed information (including minor offenses): \_\_\_\_\_

*A "yes" answer will not automatically disqualify you. Each case will be considered individually, based on program requirements.*

**STATEMENT OF ACCOUNTABILITY AND CONSENT**

By signing this application form, I certify that all information is true to the best of my knowledge, and any omissions or misrepresentations will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I give the City of Chandler Museum Division authorization to investigate all matters contained in this application. I understand that it is my responsibility to keep the Museum Division advised about any changes of address or phone number. I agree to obey all rules and procedures established by the City of Chandler Museum Division, and understand that being a volunteer means I have made a commitment to the program. I further understand that I am a volunteer and therefore not entitled to any benefits which are provided to employees of the City of Chandler, and that I will be fulfilling job responsibilities without receiving a salary or hourly wage. I will assume all risks and/or hazards associated with participation in this program and do hereby agree to hold harmless the City of Chandler and/or its employees.

Signature of Volunteer Applicant

Date

Signature of Parent or Guardian if applicant is under 18

Date



## Volunteer References

Please provide the contact information for three (3) references. You may include both personal and professional references:

1.	_____	_____	_____	_____
	name	relationship	phone number	yrs known
2.	_____	_____	_____	_____
	name	relationship	phone number	yrs known
3.	_____	_____	_____	_____
	name	relationship	phone number	yrs known

## Volunteer Time Commitment

The Museum Division asks volunteers to commit to a minimum of 6 hours per month for at least 6 months. By signing below, you are indicating that you recognize this time commitment and are prepared to invest the necessary time and energy requested. If you are a winter visitor, student, or have a particular scheduling issue that you would like to discuss, please contact Linda Voss, the Volunteer Coordinator at 480-782-2879.

_____	_____	_____
printed name	signature	date