## Children's Museum of Oak Ridge Volunteer Application



Please send your completed application to: CMOR, 461 W. Outer Dr., Oak Ridge TN 37830. You may also scan & e-mail your application to *volunteer@childrensmuseumofoakridge.org* or *Fax* to 865-481-4889. Incomplete applications will not be considered. You will be contacted if your skills & interests meet the Museum's volunteer needs. Thank you.

Name:					
	First	Middle Initial	Last		
Address:	Number	Street	Apt No.,	or P.O. Box	
	City/Town	State	Zip Code	·	
<b>T</b> 7 A			D1 (1 D )		
Your Age (cl	heck one): Under 16; _	_ 16-17; 18 or old	er <b>Birth Date</b>	e ( <b>optional):</b> Month Day Year	
<b>Contact Info</b>	ormation:			3.00.000	
E-mail:		Cell Phone: (		)	
Home Phone:	()	Best tim	e to call?	At (circle) Cell Ho	
<b>Education:</b>					
	ent? Yes; No. If yes	, please share your sc	hool	& Grade/year	
If you are not	currently a student, please	tell us about your pas	t education:		
Previous School/College/University		Major		Degree/Diploma Awarded	
Volunteer E Organization	Experience (if none, write	e n/a) <b>:</b> Position From:	То:	Dates of Service From: To:	
Work Experience (if none, write n/a): Organization		Position From:	To:	Dates of Service From: To:	
I would enjoy Working w	a position that involves:			as many items as you wish.  Speaking to groups hings Helping visitors	
		-	2 0	- 2	
My skills inclu Art	Hospitality	Office	Phot	tography	
	Hospitanty Crafts Library	Writing/Editir		eography	
Teaching	Graphic Design			pentry/Construction	
Exhibits	Painting	Ecological Ga			
Topics that int	erest me include:				
Art	Geology/Paleontolo	ogy Botany	American Inc	dians Anthropology/Archaeolo	
Antiques			History	Manhattan Project	

Are you interested in volunteering on a (circ	le one): Regular basis	Short-term basis	Not sure	
Will you be volunteering for class credit or t	o fulfill a service requirer	ment? Yes; No		
How did you learn about volunteering with u	us? Museum Website Volunteer Fair			
<b>References (excluding relatives):</b>	voranteer run			
Name:	Phone/Email:	Relationship:		
Name:	Phone/Email:	Relationship:		
High school students who are volunteering for age 17 and under <i>must</i> attach a recommendat knows you well (i.e. teacher, pastor, employed)	tion letter to this applicati			
Background Check: Names of all prospective Children's Museum Tennessee Sexual Offender Registry. Applie				
If you are 18 or older, please initial here Have you ever been convicted of a felony? _	_ to give your consent. Yes; No. If yes, p	lease explain:		
Emergency Contact Information: Name: Telephone	:: ()	Relationship: _		
Do you have any medical information of wh	ich we should be aware?	Yes; No. If yes	, please explain:	
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Signature of Applicant Date	Signature of Par	ent/Guardian (if applica	nt is under 18) Date	
Signature of CMOR Representative	Date			
	For Office Use Only			
Interviewed by	Date			
Placement(s)		s)		
Start Date	Training	completed Ente	red into database	
End Date	Name tag	issued	(9-2019)	