



Wichita-Sedgwick County Historical Museum

Volunteer Application Form

Last Name	First	MI	Date
Present Street Address	City	State	Zip
			Daytime phone
			Evening Phone
Permanent Address (if different from present address)			Cell Phone
			E-mail address
Have you volunteered before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details:			Preferred method of contact
			18 yrs or older <input type="checkbox"/> Yes <input type="checkbox"/> No
			Birth Date (Mth/Day)

Check the opportunities you are most interested in

<input type="checkbox"/> Office/Clerical	<input type="checkbox"/> Historical/Preservation	<input type="checkbox"/> Tour Guide/Interpretation	<input type="checkbox"/> Carpentry
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Cataloging	<input type="checkbox"/> Docent/Teaching	<input type="checkbox"/> Painting
<input type="checkbox"/> Mailings	<input type="checkbox"/> Research/Librarian	<input type="checkbox"/> Working With People	<input type="checkbox"/> General Repair
<input type="checkbox"/> Store Clerk	<input type="checkbox"/> Writing/Editing	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Design/Graphics
<input type="checkbox"/> Photography	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Visitor Information	<input type="checkbox"/> Arranging Displays
<input type="checkbox"/> Event Planning	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Arts/Craft Activities	<input type="checkbox"/> Gardening

Would you like to come on a regular schedule or be contacted as needed? Regular schedule As needed

I'm available: Mornings Afternoons Evenings Weekdays Weekends Year round Other: _____

Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays Sundays

How many hours would you be available for volunteer work? _____ Weekly; _____ Monthly; _____ Quarterly; _____ Yearly

Highest level of education/Degrees _____

Employment/Volunteer Positions
Please list present and former paid/unpaid jobs beginning with your present or most recent position first.

Company/Organization Name	Phone	From	To
Address	City State Zip	Would you like to keep your employer abreast of you volunteer service and achievements? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Duties/Responsibilities

Company/Organization Name	Phone	From	To
Address	City State Zip	Would you like to keep your employer abreast of you volunteer service and achievements? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Duties/Responsibilities

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Duties/Responsibilities

What qualifications/skills/experience/education do you have that you would like to use in your volunteer work?

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Office/Clerical equipment | <input type="checkbox"/> Proof Reading | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Hand/Power Tools |
| <input type="checkbox"/> Answering phones | <input type="checkbox"/> Preparing written records | <input type="checkbox"/> 2 nd Language, _____ | <input type="checkbox"/> Climbing Ladders |
| <input type="checkbox"/> Typing | <input type="checkbox"/> Organizational | <input type="checkbox"/> Acting | <input type="checkbox"/> Lifting/Carrying |
| <input type="checkbox"/> Computer, Microsoft Office | <input type="checkbox"/> Work Independently | <input type="checkbox"/> Training/Demonstrations | <input type="checkbox"/> Reaching/Standing/Stooping |
| <input type="checkbox"/> Spreadsheet/Database | <input type="checkbox"/> Retail Skills | <input type="checkbox"/> Marketing/PR | <input type="checkbox"/> Mechanical/Building |
| <input type="checkbox"/> Adobe software | <input type="checkbox"/> Supervisory | <input type="checkbox"/> Drawing/Painting/Sculpture | <input type="checkbox"/> Spatial Relations |
| <input type="checkbox"/> Other | | | |

References

Please provide three personal/professional (not family members) as references. If you have resided in this area for less than two years, please provide at least one reference from your previous area of residence.

Name	City State	
Phone	Relationship	Years Known
Name	City State	
Phone	Relationship	Years Known
Name	City State	
Phone	Relationship	Years Known

IMPORTANT - PLEASE READ THIS

1. Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation?

Yes No If yes, please explain the date and place of any conviction and the crime for which you were convicted. (attach additional sheets if necessary)

2. Do you presently serve, or have you ever served, as an employee/volunteer for any organization, entity or group in which you had significant contact with children or other vulnerable populations (e.g. elderly, mentally or emotionally handicapped, etc.)?

Yes No If yes, please provide the name, address and phone number of the organization, period of volunteer service, supervisor's name and briefly describe your activities and/or duties. attach additional sheets if necessary)

IF you are wishing to have significant contact with children or other vulnerable individuals, you must complete the following.

3. Has a civil or criminal complaint ever been filed against you that alleged *sexual misconduct or child abuse* by you or your participation in or facilitation of such activities (including internal complaints given to management or supervisors at places of employment)? Yes No If yes, please explain the date, nature and place of the incident leading to the complaint; where the complaint was filed; disposition of the complaint; and identify by name and title the person(s) who investigated the complaint. (attach additional sheets if necessary)

4. Have you ever had your employment/volunteer services terminated, been subject to any disciplinary action or chosen not to renew/continue any employment/volunteer services for reasons relating to allegations of sexual misconduct or child abuse by you? Yes No If yes, please explain the date, nature and place of the occurrence(s) or allegation(s) and disposition of the matter(s). Also, identify your employer/supervisor at the time by name, address and telephone number. (attach additional sheets if necessary)

IMPORTANT – Please read the following carefully before signing below:

I have submitted the above information which, to the best of my knowledge, is true, correct and complete and would like to be considered for volunteer services. If accepted as a volunteer, I understand that any misstatement or omission of fact on this form may result in termination of my services. I grant permission to check my background and references and release the Wichita-Sedgwick County Historical Museum from any and all resultant liability.

Print Name: _____ Applicant's Signature _____ Date _____

For Office Use Only:

Comments:

Interviewed By _____ Date _____