



VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION

- Adult (18+) Teen (13-17) Child (12 and under, volunteering with an adult)
 Mr. Ms. Mrs. Miss Dr.

Name: (last, first, middle) _____

Nickname: _____ Date of Birth (month/date/year): _____

Street Address: _____ City, Zip: _____

Home Phone: _____ Work Phone: _____

Email address: _____ Cell Phone: _____

Are you a Museum member? Yes No Are you related to a Museum volunteer or staff member? _____

The Museum may contact me regarding membership, special events, or giving programs that support the Museum. Yes No

EMERGENCY CONTACT INFORMATION (please provide address and phone numbers)

Full Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Street Address: _____ City, State, Zip: _____

EDUCATION

High School: _____ Date of Graduation: _____

Undergraduate School: _____ Degree: _____ Major: _____

Graduate School: _____ Degree: _____ Major: _____

Post Graduate School: _____ Degree: _____ Major: _____

Other: _____

If you are currently in elementary, middle or high school level:

School Name: _____ Grade: _____

EMPLOYMENT INFORMATION (if retired or not employed, please list your last place of employment)

- Student Employed Not Employed Not Employed at this time Retired

Employer: _____

Department: _____ Title: _____

Street Address: _____ City, State, Zip: _____

My employer offers a donor matching program: Yes No

AVAILABILITY TO VOLUNTEER

- | Monday | Tuesday | Wednesday | Thursday | Friday | Weekends |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Mornings | <input type="checkbox"/> Mornings | <input type="checkbox"/> Mornings | <input type="checkbox"/> Mornings | <input type="checkbox"/> Mornings | <input type="checkbox"/> Mornings |
| <input type="checkbox"/> Afternoons | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Afternoons |
| <input type="checkbox"/> Evenings | <input type="checkbox"/> Evenings | <input type="checkbox"/> Evenings | <input type="checkbox"/> Evenings | <input type="checkbox"/> Evenings | <input type="checkbox"/> Evenings |

Comments on availability: _____

HOW DID YOU HEAR ABOUT VOLUNTEERING AT THE UNIVERSITY OF ALASKA MUSEUM OF THE NORTH?

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Fairbanks Daily News Miner | <input type="checkbox"/> Museum Member | <input type="checkbox"/> Museum website | <input type="checkbox"/> Volunteermatch.org |
| <input type="checkbox"/> Family | <input type="checkbox"/> Museum Staff | <input type="checkbox"/> Local TV/Radio Ad | <input type="checkbox"/> Work |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Museum Visit | <input type="checkbox"/> School | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Museum Volunteer | <input type="checkbox"/> Volunteer agency | | |

Did you hear about us from a Museum volunteer or staff person? Please tell us his/her name: _____

VOLUNTEER POSITIONS OF INTEREST: (Please select your top three volunteer jobs and the reason. Jobs can be selected from the volunteer job list or the Museum website.)

1. _____ Reason: _____
2. _____ Reason: _____
3. _____ Reason: _____
- Other: _____ Reason: _____

SKILLS (Check all that apply)

	Highly Skilled	Some Experience		Highly Skilled	Some Experience
General Skills			Computer Skills		
Administrative	<input type="checkbox"/>	<input type="checkbox"/>	Databases	<input type="checkbox"/>	<input type="checkbox"/>
Anthropology	<input type="checkbox"/>	<input type="checkbox"/>	Design Applications	<input type="checkbox"/>	<input type="checkbox"/>
Archaeology	<input type="checkbox"/>	<input type="checkbox"/>	GIS	<input type="checkbox"/>	<input type="checkbox"/>
Biology	<input type="checkbox"/>	<input type="checkbox"/>	Spreadsheets	<input type="checkbox"/>	<input type="checkbox"/>
Botany	<input type="checkbox"/>	<input type="checkbox"/>	Word Processing	<input type="checkbox"/>	<input type="checkbox"/>
Communications	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify)		
Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Earth Sciences	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Entomology	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Ethnology	<input type="checkbox"/>	<input type="checkbox"/>			
Evaluations	<input type="checkbox"/>	<input type="checkbox"/>			
Film Making	<input type="checkbox"/>	<input type="checkbox"/>			
Fine Art	<input type="checkbox"/>	<input type="checkbox"/>			
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>			
Geology	<input type="checkbox"/>	<input type="checkbox"/>			
Graphic Design	<input type="checkbox"/>	<input type="checkbox"/>	Language Skills	Highly Skilled	Some Experience
Health Sciences	<input type="checkbox"/>	<input type="checkbox"/>	American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>
Ichthyology	<input type="checkbox"/>	<input type="checkbox"/>	Foreign Language (specify)		
Illustration	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Library / Archives	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Mammalogy	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Marketing	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Ornithology	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Painting	<input type="checkbox"/>	<input type="checkbox"/>			
Paleontology	<input type="checkbox"/>	<input type="checkbox"/>			
Photography	<input type="checkbox"/>	<input type="checkbox"/>			
Public Speaking	<input type="checkbox"/>	<input type="checkbox"/>			
Sewing / Weaving	<input type="checkbox"/>	<input type="checkbox"/>			
Space Science	<input type="checkbox"/>	<input type="checkbox"/>			
Special Events	<input type="checkbox"/>	<input type="checkbox"/>			
Teaching	<input type="checkbox"/>	<input type="checkbox"/>			
Tour Guides	<input type="checkbox"/>	<input type="checkbox"/>			
Writing / Editing	<input type="checkbox"/>	<input type="checkbox"/>			
Zoology	<input type="checkbox"/>	<input type="checkbox"/>			
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>			
_____	<input type="checkbox"/>	<input type="checkbox"/>			
_____	<input type="checkbox"/>	<input type="checkbox"/>			

SPECIAL CONSIDERATIONS

Are there limitations or special circumstances we should be aware of? Yes No

SWORN STATEMENT OF CRIMINAL BACKGROUND

_____ I swear or affirm that I HAVE NOT been convicted of any felony/military court marshal or a misdemeanor/Article 15 military non-judicial punishment involving theft, drugs, alcohol, or physical or sexual abuse.

_____ I swear or affirm that I HAVE BEEN convicted of any felony/military court marshal or a misdemeanor/Article 15 military non-judicial punishment involving theft, drugs, alcohol, or physical or sexual abuse. Please attach an explanation of your conviction(s) including the offense(s), date(s), location(s), and disposition and attach a copy of your judgment for each conviction.

Signature

Date

REFERENCES (should not include family members)

1. Name: _____ Relationship to Volunteer Applicant: _____

Address: _____ Phone Number: _____

2. Name: _____ Relationship to Volunteer Applicant: _____

Address: _____ Phone Number: _____

IMAGE AND PERFORMANCE RELEASE (please choose one)

I hereby **grant** to the University of Alaska Museum of the North the rights to use my image, interview/performance(s) or music for Museum exhibit displays, associated educational programs, and/or public relations and advertisement. The above mentioned items will not be used for retail sale or retail products.

I **do not grant** to the University of Alaska Museum of the North the rights to use my image, interview/performance(s) or music for Museum exhibit displays, associated educational programs, and/or public relations and advertisement.

PARENTAL PERMISSION FOR VOLUNTEERS UNDER 18 YEARS OF AGE

The parent(s) or guardian must sign below if the Volunteer Applicant is under 18 years of age.

I am the legal custodian of _____ (my child/ my ward). I give permission for my child/ward to become a University of Alaska Museum of the North volunteer. I authorize the University to obtain or provide emergency hospitalization, surgical or other medical care for my child.

Signature (Parent or Guardian)

Date

Volunteer Applicant Reference Check Form

REFERENCES (should not include family members)

1. Name: _____ Relationship to Volunteer Applicant: _____

Address: _____ Phone Number: _____ Date Called: _____

Position Applied for:

Number of years you have know applicant:

Is applicant suitable for this position; why or why not?

Is there any reason why applicant should not be considered for this position? Explain:

2. Name: _____ Relationship to Volunteer Applicant: _____

Address: _____ Phone Number: _____ Date Called: _____

Position Applied for:

Number of years you have know applicant:

Is applicant suitable for this position; why or why not?

Is there any reason why applicant should not be considered for this position? Explain: