



2 West 7th Street
Bloomsburg, PA 17815
Phone/FAX: (570) 389-9206
www.the-childrens-museum.org
chmuseum@ptd.net

Volunteer Application

NAME _____

ADDRESS _____

PHONE _____ CELL _____ EMAIL _____

MIDDLE/HIGH SCHOOL STUDENT GRADE LEVEL: _____

COLLEGE STUDENT YEAR _____ MAJOR _____

ADULT OCCUPATION _____

CHECK ONE: VOLUNTEER _____ WORK STUDY _____ INTERN _____

How many volunteer hours are needed? _____

SPECIAL SKILLS, TALENTS, ABILITIES:

WHY DO YOU WANT TO VOLUNTEER AT THE CHILDREN'S MUSEUM?

WHAT IS YOUR EXPERIENCE WORKING WITH CHILDREN?

SAFETY CERTIFICATIONS (CPR, First Aid, etc.) _____

IF OVER 18 YEARS OF AGE: write YES or NO regarding whether you have these or not.

Child Abuse History Clearance _____ Criminal Record Check _____

AVAILABILITY: The Museum is open Tuesday through Saturday from 10 a.m. to 4 p.m.

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____ Sunday _____

I am interested in the following volunteer position(s) :

Garden & Grounds Volunteer

Carpentry/ Shop Volunteer

Event Photographer

Marketing Team Volunteer

Docent / Exhibit Interpreter

Gift Shop/ Front Desk Volunteer

Collections Volunteer

Summer Camp Assistant

Special Events Volunteer