



Adult Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Professional References

1) Name: _____ Phone: _____

Email Address: _____ Relationship: _____

2) Name: _____ Phone: _____

Email Address: _____ Relationship: _____

Emergency Contact

Name: _____ Phone: _____

Relationship: _____

Reason for Volunteering

School/Service Community Hours _____ Interest in Museum _____

Skills & Experiences (Check all that apply)

Education: Classroom Management _____ Attention To Detail _____ Crafting DIY _____

Personal Interests (Circle all that apply): Science, Art, Engineering

Exhibit Design/Maintenance: Carpentry _____ Set-Design _____ Building DIY _____

Interactive Technology _____ Painting _____

Play Guide/Exhibit Floor: Customer Service _____ Organization _____ Attention To Detail _____

Ability to Reach Up/Bend Down _____ Ability to Stand for Extended Periods of Time _____

Comfortable Working with Children & Families _____

Do you have any past/other volunteer experiences? Please explain.

Do you have any special needs or limitations in order to volunteer?

Yes _____ (Please explain below.) No _____

Have you ever been arrested, involved in a criminal court case, or been subject to a child abuse investigation?

Yes _____ (Please explain below.) No _____

Assignment Preference (Please check all that apply – CMofIL will notify applicant of position availability)

___ Play Guide (Exhibit Floor)

___ Education Volunteer

___ Special Events Volunteer

___ Exhibit Design/Maintenance

Please circle your availability. **Please note that Education and Special Event hours may vary depending on program.*

Monday: 9A-12P, 12P-4P

Tuesday: 9A-12P, 12P-4P

Wednesday: 9A-12P, 12P-4P

Thursday: 9A-12P, 12P-4P

Friday: 9A-12P, 12P-4P

Saturday: 10A-1P, 1P-5P

Sunday: 1P-5P

How often would you like to volunteer?

1-2 Times a Month _____ 1-2 Times a Week _____ 3+ Times a Week _____

We understand there will be times when you cannot make it to your scheduled shift. Please call 217-423-5437 or email Abby at akoester@cmofil.org. By submitting this application, I understand that I am entering an AT WILL relationship with Children’s Museum of Illinois and that either party for any cause may terminate the relationship at any time. I understand that I will NOT be paid or otherwise compensated for my services as a volunteer. I agree to abide by any and all Museum policies and I understand if I do not abide by the Museum policies, rules, and regulations, I may be dismissed from my position as a volunteer.

I also understand that by signing the agreement I give permission to CMofil to contact my references and conduct a criminal background check. In addition, it’s my understanding that all the information provided is accurate to the best of my knowledge and that giving false information is illegal and will be grounds for immediate dismissal.

Volunteer Signature: _____ **Date:** _____

Information needed for background check:

Previous Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

Please return forms to Abby Koester, Director of Education, in person, by mail, or by emailing it to akoester@cmofil.org