



# Lakeshore Museum Center

## VOLUNTEER APPLICATION

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical or mental disability, severe/morbid obesity, medical condition, military or veteran status, genetic information, marital status, ethnicity, alienage or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our guests and contributing to the success of the Lakeshore Museum Center, its guests, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative.

(PLEASE PRINT)

Date of application: \_\_\_\_\_

Last Name	First Name	Middle Name
Address	City	State
E-mail Address	Zip Code	
Birthdate		
Telephone Number(s)		

Are you currently in school? Yes/No

If "Yes," which school do you attend and what grade?

School \_\_\_\_\_

Grade: \_\_8th \_\_9th \_\_10th \_\_11th \_\_12th \_\_Undergrad \_\_Graduate

How did you learn about the Lakeshore Museum Center?

<input type="checkbox"/> Friend/Family Member	<input type="checkbox"/> Advertisement in _____
<input type="checkbox"/> Lakeshore Museum Publication	<input type="checkbox"/> Interest in topic _____
<input type="checkbox"/> Museum Volunteer _____	<input type="checkbox"/> Other _____
Name	Please Describe

## AVAILABILITY

During which hours are you available for volunteer assignments?

How often are you available to volunteer?					
___ One Time Only	___ Weekly	___ Bi-Monthly	___ Monthly	___ As Needed for Projects	
What days are you available to volunteer?					
___ Monday ___ AM ___ PM	___ Tuesday ___ AM ___ PM	___ Wednesday ___ AM ___ PM	___ Thursday ___ AM ___ PM	___ Friday ___ AM ___ PM	___ Saturday ___ AM ___ PM

## AREAS OF INTEREST

Areas of Interest:	1. _____	2. _____	3. _____
	Guest Relations Docent	Exhibits	Special Events
	Archives and Collection	Historic Sites	Educational Programs
	Buildings and Maintenance	Interpretive Programs	STEM CENTER

## SKILLS

Please check below any applicable skills		
___ Bilingual (English/_____)	___ Community Event Planning	___ Public Speaking
___ Working with children	___ Computer Skills	___ Research
___ Carpentry	___ STEM	___ Gardening
Is there a particular group with which you are most interested in working?		
___ Children	___ Teens	___ Adults
		___ Others

## EXPERIENCE

Name and Address of Institution	Dates Volunteered	
	From Month/Year	To Month/Year
Duties		
Name and Address of Institution	Dates Volunteered	
	From Month/Year	To Month/Year

Duties

**CRIMINAL RECORD**

1. **Have you ever used another name?**

Yes

No

2. **Have you ever been convicted of a felony?**

Yes

No

**Charge:**

**Please explain:**

---

---

---

**APPLICANT STATEMENT AND AGREEMENT**

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

\_\_\_\_ I hereby authorize the Lakeshore Museum Center to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Lakeshore Museum Center any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Lakeshore Museum Center, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_ In the event of my employment with the Lakeshore Museum Center, I understand that I am required to comply with all rules and regulations of the Lakeshore Museum Center.

\_\_\_\_ If hired, I understand and agree that my employment with the Lakeshore Museum Center is at-will, and that neither I, nor the Lakeshore Museum Center is required to continue the employment relationship for any specific term. I further understand that the Lakeshore Museum Center or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

\_\_\_\_ I understand that safety of employees is extremely important to the Lakeshore Museum Center and that the Lakeshore Museum Center is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

\_\_\_\_ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

\_\_\_\_ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Parent/Guardian Signature if under 18: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

City/State: \_\_\_\_\_