

Volunteer Application

Thank you for applying! We are thrilled that you would like to help encourage children to discover science through play.



Volunteer Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: () _____ E-mail: _____

Date of birth: _____ Emergency contact: _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you 18 years of age or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently working at another job?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you currently in school?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a police record?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you volunteered here before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If so, explain: _____

Education

Check all levels **completed**:

High School Undergraduate Graduate

If **currently** in school, please list:

School: _____

Grade/Year: _____

Major/Minor: _____

Availability to Volunteer

Check/circle all that apply:

Mornings - **Days available:**

M T W Th F Sa Su

Afternoons - **Days available:**

M T W Th F Sa Su

Friday Nights Special Events

References

Please list two people other than relatives who will serve as personal references. Applicants 17 and younger must provide a letter of reference from a non-relative adult.

Name: _____ Relationship: _____

Daytime Phone: () _____

Name: _____ Relationship: _____

Daytime Phone: () _____

Tell us about any other volunteer experiences you may have had:

We want to know more about you!

Why are you interested in volunteering at Pennypickle's Workshop?

What are some special talents you can bring to Pennypickle's Workshop?

Please tell us anything about you that you'd like us to know!
(We especially want to know about your interest in science, math, engineering, or technology.)

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that I am volunteering for the Friends of the Temecula Children's Museum (dba Pennypickle's Workshop), a 501c3 non-profit organization on an at-will basis which can be terminated with or without cause and with or without notice at any time by the Friends.

I also understand that volunteering with the Friends of the Temecula Children's Museum (dba Pennypickle's Workshop) is at my own risk and that the Friends will not incur any liability in case of an accident or other work-related injury.

I acknowledge that volunteers of the Friends of the Temecula Children's Museum (dba Pennypickle's Workshop) are subject to a background check and Live Scan fingerprinting.

Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____
(Parent/Guardian signature required if applicant is 17 or under)

Thank you for your interest in volunteering
at Pennypickle's Workshop, the Temecula Children's Museum!