



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
Mornings	Mornings	Mornings	Mornings	Mornings	Mornings
Afternoons	Afternoons	Afternoons	Afternoons	Afternoons	Afternoons
Evenings	Evenings	Evenings	Evenings	Evenings	Evenings

Comments on availability: _____

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

Fairbanks Daily News Miner

Museum Member

Museum website

Volunteermatch.org

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: