



Children's Hands-On Museum
2213 University Blvd. Tuscaloosa, AL 35401
phone (205) 349-4235, fax (205) 349-4276

VOLUNTEER APPLICATION

Name: _____ Date: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

Email: _____ Age: _____ Birthday: _____

Occupation: _____

Educational Background: _____

Specialized training, skills, interests: _____

How did you learn about CHOM's volunteer program? _____

Why do you want to volunteer at CHOM? _____

What types of activities are you interested in doing as a volunteer? _____

Roughly how often would you like to volunteer at CHOM? (hours per week, per month, etc.) _____

availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
morning							n/a
afternoon							n/a

Please list two references with addresses and phone numbers:

1. _____

2. _____

Do you have any physical limitations or medical conditions of which we should be aware?

In the event of an emergency, whom should we contact?

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____



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VOLUNTEER RELEASE

I do hereby release the Children's Hands-On Museum (CHOM), and its officers, agents and employees from any and all liability which may arise as a result of my/my child's volunteer activities at CHOM. I waive any claim for damages to my/my child's property and assume all the risks of such participation.

(volunteer's signature or signature of parent/guardian if volunteer is under age 18) Date: _____

(name of volunteer)

PHOTOGRAPHIC RELEASE

I grant permission for the Children's Hands-On Museum (CHOM) and its agents to photograph or otherwise record my/my child's likeness and/or voice, and to distribute these recordings for promotional/informational purposes.

(volunteer's signature or signature of parent/guardian if volunteer is under age 18) Date: _____

(name of volunteer)