



## Volunteer Application

Thank you for your interest in volunteering at The Children's Museum of Stockton. As a non-profit organization, we appreciate our volunteers as a valuable resource to continue the museum's mission of providing a safe, fun, and educational facility for the children in our community. Volunteer opportunities are available on a first come, first serve basis. **Please note: We do not accept court ordered community service requests.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Special Skills, Interests, Education, or Previous Volunteer Experience:

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I want to volunteer because: (Please check all that apply)

School/College (Required Volunteering)

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Number of hours needed: \_\_\_\_\_ Completed by date: \_\_\_\_\_

Need a Letter of Recommendation?: (30 hours required) \_\_\_\_\_

Community Service

Number of hours needed: \_\_\_\_\_ Completed by date: \_\_\_\_\_

Need a Letter of Recommendation?: (30 hours required) \_\_\_\_\_

I can also volunteer on Special Event Days (Museum Fundraisers, Outreaches, After Hours, etc.)

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Telephone: \_\_\_\_\_

**EMERGENCY MEDICAL FORM**

I hereby authorize and consent to any X- ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. I hereby agree to indemnify and hold harmless the Children's Museum of Stockton and any of their employees from any liability, claim or action for damages resulting from, or in any way arising out of volunteering at or for the Children's Museum of Stockton. This authorization is given pursuant to Section 6910 of the Family Code of California and remains effective for one year from the date of the signing.

Upon returning this form, I immediately consent to the use of my name, likeness and photo for use in all manners by the Children's Museum of Stockton staff, including displays, newsletters, brochures, or any other lawful purposes.

I agree to represent the Children's Museum of Stockton in a manner that is in line with the organizations' Standards of Conduct.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (If volunteer is under 18 years old): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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**Volunteer Coordinator Only:**

Date Received: \_\_\_\_\_ Contacted on: \_\_\_\_\_