



Volunteer Application 2025

402 W Weber Ave, Stockton CA 95203

Thank you for your interest in volunteering at the Children's Museum of Stockton! Please complete the following form to the best of your ability. *Volunteers must be **16 years or older**. Please note: At this time, we do not accept court-ordered community service volunteers.*

Name: _____ Age: _____ Phone: () _____ - _____

Email: _____ Contact Preference? Phone - Email - Both

Address: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: () _____ - _____

I want to volunteer because:

- ☐ High School Graduation Requirement
- ☐ College Graduation Requirement
- ☐ Support my community

I understand the Children's Museum of Stockton does not accept court-ordered community service volunteers.

- ☐ Yes, I understand.

I'm available to volunteer the following days (Please note: We schedule volunteer shifts Wednesday-Sunday, but occasionally have special events or outreach on Mondays and Tuesdays):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Y / N : I'm interested in volunteering for Special events (e.g. Super Saturdays, Fundraisers, Outreach, After Hours, Private Field trips, etc.)



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Tell us about yourself! (This can include special skills, interests, education, or relevant previous volunteer experience):

I have the following physical work limitations:

- ☐ Cannot lift/pull/push at least 15 pounds.
- ☐ Primarily seated. Cannot stand or walk for prolonged periods of time.
- ☐ Other:

- ☐ None of the above. I have no work limitations.

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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 organization's mission.

Volunteer Name (Print): _____

Volunteer Signature: _____ Date: _____

If volunteer is under 18 years of age:

Legal Parent/Guardian Name (Print): _____

Legal Parent/Guardian Signature: _____

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Thank you for completing this form! Our Volunteer Coordinator will review your application and reach out to you when a volunteer opportunity arises at the museum.

Volunteer Coordinator Only: Date Received: _____ Contacted on: _____ Initials: _____