



Volunteer Application Form

400 S. Main St. • PO Box 1723 • Pendleton, OR 97801 • (541) 276-1066

Volunteer Information			
Last Name:	First Name:	Initial:	Today's Date:
Address:		DOB:	
City:	State:	Zip:	
Home Phone:	Message Number:	Cell Phone:	
What days and hours can you work?			
<div style="border: 1px solid black; padding: 2px;"> <p style="color: red; font-size: small;">Example</p> <input checked="" type="checkbox"/> Tue 11 - 2 </div>	<input type="checkbox"/> Mon CLOSED	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed
		<input type="checkbox"/> Thur	<input type="checkbox"/> Fri
		<input type="checkbox"/> Sat	<input type="checkbox"/> Sun CLOSED
I would like to help with...			
<input type="checkbox"/> Friday Fun <input type="checkbox"/> Toy Store <input type="checkbox"/> Toy Care / Cleaning <input type="checkbox"/> Other _____			
Employer:		Work Number:	
Where do you prefer to be called?		Social Security Number:	
In case of emergency, notify:		Phone:	
References			
Please list 3 people (other than relatives) who know you well and can attest to your character, skill and dependability.			
Name	Relationship	Phone Number	
1.			
2.			
3.			
Background			
Have you ever been arrested for a criminal offense, including child abuse, neglect or exploitation?			
<input type="checkbox"/> NO <input type="checkbox"/> YES - comments: _____			

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I hereby authorize the Children's Museum of Eastern Oregon to verify the information included on this application, and waive any right to confidentiality. I do understand that access to the information on this form will usually be restricted to appropriate CMEO personnel. I also authorize the CMEO to perform reference checks, criminal history record checks, and child abuse registry checks at their own expense and discretion.

Signature _____

If under age 18,

Parent's signature _____