



Date received in VHQ _____
Area of interest _____

# VOLUNTEER APPLICATION

## PERSONAL INFORMATION (Please type or print clearly)

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender  Male  Female

Parent/guardian's name (if you are under 18) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone w/area code \_\_\_\_\_ (evening) \_\_\_\_\_ (daytime) Email address \_\_\_\_\_

School grade level or position at work \_\_\_\_\_

Business or School Address \_\_\_\_\_  
 (if retired, please indicate and list former employer)

### How did you hear about volunteer opportunities at NMRMA?

- Brochure                       Friend or Family Member                       Newspaper (which one?) \_\_\_\_\_  
 Workplace Notice                       Internet (which site?) \_\_\_\_\_  Other (explain) \_\_\_\_\_

## EDUCATION AND EXPERIENCE

	Degree	Subject	Institution Name	Date Completed or Anticipated Date
High School				
College/University				
Graduate School				
Trade, Business, or other School				
Special Training				

Do you speak any language besides English fluently?  No  Yes (which?) \_\_\_\_\_

Do you have any previous volunteer experience?  No  Yes  
 If yes, please briefly describe this experience on a separate page. Include the type and dates of the experience and the name of the organization. If you have a resume, please feel free to include it with your application form. We would welcome the additional information.

## REFERENCES

Please list two work, school, or personal references, not relatives, whom we may contact regarding your application.

1 Name \_\_\_\_\_ Daytime phone w/area code \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2 Name \_\_\_\_\_ Daytime phone w/area code \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**INTERESTS AND WORK SCHEDULE**

I'm interested in: (check all that apply)			Special Interests: (check all that apply)		
<input type="checkbox"/> Educator/Exhibit Hall Interpreter	<input type="checkbox"/> Greeter		<input type="checkbox"/> Animals	<input type="checkbox"/> Drama	<input type="checkbox"/> Natural Resources
<input type="checkbox"/> Mailings/Office	<input type="checkbox"/> Special Events	<input type="checkbox"/> Archives	<input type="checkbox"/> History	<input type="checkbox"/> Riverboats	<input type="checkbox"/> Promotion
<input type="checkbox"/> Gift Shop	<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		

When are you available to volunteer? (check all that apply)       Weekdays       Weekends

What hours would you be available to volunteer? (write the hours of the day below the days you are available)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Are there any medical conditions or medications that you feel the museum and aquarium should be aware of? If so, please voluntarily list: \_\_\_\_\_

**VOLUNTEER INTERVIEWS AND TRAINING**

All potential volunteers must apply in writing, and will be interviewed prior to being accepted. Those who would like to work as educators must complete up to 15 hours of formal training. Other positions require on the job training. Please call the volunteer office at 563.557.9545 for additional information or to arrange an interview.

**CRIMINAL BACKGROUND CHECK (Adult volunteers only)**

Following the interview, the National Mississippi River Museum & Aquarium will request the Iowa Bureau of Criminal Apprehension to release all information and data authorized under the Iowa law, for the purpose of your volunteering at the Museum & Aquarium. A signed consent form is required before this check can be completed. Convictions and pleas are not an automatic bar to volunteering. Relevant factors such as the nature of the violation, how recent and serious the charges, as well as evidence of rehabilitation will be considered.

**Volunteers, Parents, & Guardians, please read and sign below:**

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application to provide any relevant information that may be required. I also agree that falsified information or significant omissions may disqualify me from further consideration and may be considered justification for dismissal if discovered at a later date.

I understand that I will be interviewed prior to being accepted as a museum volunteer and I/applicant will be expected to complete the required training for museum volunteers. I understand that youth volunteers must be at least 14 years of age to be accepted.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Applicant is under 18. He/She has my permission to become a volunteer at the Mississippi River Museum.

Parent/guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Print name of parent/guardian \_\_\_\_\_

Please return application promptly to:

Volunteer Department  
National Mississippi River Museum & Aquarium  
350 E. 3rd Street  
Dubuque, IA 52001

Phone: 563-557-9545  
Fax: 563-557-9548  
Website: www.rivermuseum.com  
E-mail: volunteer@rivermuseum.com