



Volunteer Application

*Thank you for your interest in the volunteer program at the Golisano Children's Museum of Naples (C'mon).
Please return application to the Museum in hard copy, via fax at 239.260. 1718 or email to: ajohnston@cmon.org*

Name (last) _____ (first) _____
 Primary Address _____ Years at this address _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ ext. _____
 Cell Phone _____ Best time to call _____
 E-mail _____

Alternate Address _____ Years at this address _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ ext. _____
 Cell Phone _____ Best time to call _____

Birth date (month/day/year) _____ Are you under 18? (if yes, age) _____
 Why are you interested in volunteering at C'mon? _____

 How did you hear about us? _____

Do you want to _____ Volunteer with children _____ Volunteer behind the scenes

Preferred day(s) to volunteer: (Please circle) M T W TH F SA SU

Preferred shifts: AM or PM

Are there any other considerations regarding your schedule? _____

Are you seasonal? Yes No

On the grid below please indicate below the months you are available

	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Available												



Education History

High School _____

Attended from: _____ To _____

Grade level (if applicable) _____

Clubs and Sports _____

Service hours needed? Yes No How many hours? _____

College/Tech _____ Major _____

Attended From _____ to _____

Degree completed? Yes No

Clubs/Activities _____

Graduate Education _____ Major _____

Attended From _____ to _____

Degree Completed Yes No

Clubs/Activities _____

Job History

Employer _____ Address _____

Job Title _____ Telephone _____

Job Duties _____

From _____ To _____

Employer _____ Address _____

Job Title _____ Telephone _____

Job Duties _____

From _____ To _____

Employer _____ Address _____

Job Title _____ Telephone _____

Job Duties _____

From _____ To _____



Volunteer Experience

Organization _____ Title _____

Phone _____ Supervisor Name _____

Duties _____

From _____ To _____

Organization _____ Title _____

Phone _____ Supervisors Name _____

Duties _____

From _____ To _____

Are there any special accommodations needed for you to volunteer?

Additional Skills

___ Computer Skills/database _____ Languages Spoken (other than English) _____

___ American Sign Language _____ Teaching Experience _____

___ Library experience _____ Special Event Planning _____

___ Multi-line phone _____ Art Experience _____

___ Collections experience _____ Maintenance skills _____

___ Graphic Design _____ Other _____

In case of emergency please notify

Name _____ Relationship _____

Phone _____ Phone _____

Circle One Home Work Cell Circle One Home Work Cell

References

Name _____ Phone _____ Known you for _____

Name _____ Phone _____ Known you for _____



Have you ever been convicted of or plead guilty to a felony or misdemeanor? Yes No

If yes, please describe _____

Drivers License: A copy is required (if applicable)

Authorization: *I certify that the facts in this application and the attached resume (if applicable) are true, correct and complete to the best of my knowledge and understand that falsified statements on this application shall be grounds for dismissal from the C'mon volunteer program. I authorize C'mon to check and verify all information on this application and resume (if applicable). In order to perform due diligence in protecting the well being and safety of those we serve, the Golisano Children's Museum of Naples will perform criminal background checks on any current employee, applicant or volunteer. I fully release references, employers and the Golisano Children's Museum of Naples from any liability resulting from the verification process.*

Signature _____ Date _____



VOLUNTEER AGREEMENT

I understand that I have entered into a volunteer relationship with the Golisano Children's Museum of Naples (C'mon) and acknowledge that I shall not expect to receive any form of payment for volunteer talents and services I contribute to the Museum. I can terminate my volunteer service at any time and for any reason. C'mon also reserves the right to end my volunteer service whenever the Museum deems it to be in the best interest of the Golisano Children's Museum of Naples.

I certify that the information contained in my application for volunteer service is true to the best of my knowledge and belief. I understand that any omission of facts or misrepresentation is cause for denial of service and/or dismissal regardless of when discovered. I grant permission for the authorities of the Golisano Children's Museum of Naples to investigate any references provided and release them from any and all liability resulting from such investigation.

I agree that my acceptance of volunteering is contingent upon successfully meeting background check requirements. I further agree that if I have been convicted of a crime, the authorities of the Golisano Children's Museum of Naples may obtain the details of the conviction to determine its relationship to the volunteer service.

I understand that the Golisano Children's Museum of Naples may take photographs from time to time for its publications and other uses. I authorize C'mon to use photographs of me without additional notification.

I further acknowledge that this Handbook is neither a contract of volunteer service, employment nor a legal document. I understand that I should contact the Director of Education or Volunteer Coordinator with any questions in this handbook or any other policy of the Golisano Children's Museum of Naples.

Printed Name: _____

Signature _____ Date _____

If under the age of 18, please complete:

Printed Name, Parent/Guardian _____

Parent/Guardian Signature _____ Date _____

volunteers@cmon.org
www.cmon.org



VOLUNTEER CONFIDENTIALITY STATEMENT

Members of the Golisano Children's Museum of Naples volunteer corps may be exposed to confidential information critical to the well being of the organization. Therefore, it is the policy of the Museum that volunteers may not disclose, divulge, or make accessible confidential information belonging to, or obtained through their affiliation with the Museum to any person, including relatives, friends, and business and professional associates other than Directors and Officers of the Museum, Museum staff, or fellow volunteers (if that information is needed to fulfill the volunteer's job responsibilities). Volunteers shall use confidential information solely for the purpose of performing services as a volunteer of the Museum. This policy is not intended to prevent disclosure where disclosure is required by law.

Volunteers must exercise good judgment and care at all times to avoid unauthorized or improper disclosures of confidential information. In addition, volunteers should be sensitive to the risk of inadvertent disclosure via conversations in public places and the leaving of confidential information in areas where unauthorized persons may gain access.

"As used in this Agreement, the term "Confidential Information" shall mean any and all information concerning the Golisano Children's Museum of Naples ("C'mon") that C'mon treats as confidential and does not ordinarily make publicly available, including, without limitation, all statements, reports, meeting minutes, information, and data, whether financial or otherwise, in whatever form, regarding C'mon's business, operations, strategies, finances or financial condition, donors and donor lists, prospects and prospect lists, volunteers and volunteer lists, security procedures employed by C'mon, and, without limitation, any "trade secrets" as that term is defined under Florida law."

I have read the above statement of policy regarding confidentiality and agree to abide by this policy to the best of my ability in my role as an volunteer of the Children's Museum of Naples.

Signature: _____

Name: _____

Date: _____

Form A

Florida Department of Law Enforcement
Criminal Justice Information Services Division/User Services Bureau



VECHS WAIVER AGREEMENT AND STATEMENT

Volunteer & Employee Criminal History System (VECHS)
for Criminal History Record Checks
under the National Child Protection Act of 1993, as amended,
and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (*enter Name of Qualified Entity*) _____ to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

(Name and Address of Previous Qualified Entity) (Year of Request)

I ___ have OR ___ have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I ___ do OR ___ do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee Volunteer Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: _____

Address: _____

Telephone: _____ Fax: _____

FDLE Assigned Qualified Entity Number: _____