



Volunteer Office
 57th Street and Lake Shore Drive
 Chicago, Illinois 60637

Phone: 773-753-1382
Fax: 773-753-1357

ADULT VOLUNTEER APPLICATION

PERSONAL INFORMATION				
Last Name	First Name	Middle Initial	Today's Date:	Birth Month/Day:
Current Street Address:			Social Security No. (last 4 digits):	
City	State	Zip Code	Home Phone:	
E-Mail Address:		Do you check your e-mail daily? <input type="checkbox"/> Yes	Work Phone:	
The best time to contact you: <input type="checkbox"/> Days <input type="checkbox"/> Evenings			Are you a member of the Museum? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you previously been or applied to be either an employee or volunteer at MSI? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, when and where:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: Do not declare any sealed or expunged convictions. A conviction will not necessarily bar participation in MSI's volunteer program, but will be considered within the context of the entire application.			If ves. please explain:	
How did you hear about our volunteer program? (please circle) Walk-in Media Friend School Web Page Other (please explain):				
EMPLOYMENT HISTORY				
Current Job Title:		Dates of Employment:		
Employer's Name:		Address:		
City/State/Zip Code:		Phone:		
Previous Job Title:		Dates of Employment:		
Employer's Name:		Address:		
City/State/Zip Code:		Phone:		
EDUCATIONAL DATA				
School	Print Name and Location for each School Listing	No. of Years Completed	Did you Graduate?	Major/Degree
High School:				
College:				
Trade/Business/Correspondence:				

REFERENCES

Name:	Address:
City/State/Zip Code:	Phone:
Name:	Address:
City/State/Zip Code:	Phone:

VOLUNTEER EXPERIENCE

List previous volunteer experiences:

Briefly state why you would like to volunteer with the Museum of Science and Industry:

Areas of volunteer interest: Guest Information Educational Demonstration Exhibit Explanation
 Clerical Other _____

SPECIAL SKILLS

List any special skill you possess or language in which you are fluent that would be an asset to the Museum volunteer program:

AVAILABILITY

Weekend: Saturday Sunday
Weekdays: Monday Tuesday Wednesday Thursday Friday

When are you available to start as a volunteer:

EMERGENCY CONTACT INFORMATION

Contact Name	Relationship
Day Phone	Evening Phone

ADULT VOLUNTEER APPLICANT'S STATEMENT

I understand that I am applying to be an unpaid volunteer for the Museum of Science and Industry and that this application is not an application for employment. I understand that nothing in this application is intended to imply or create an employment relationship or a contract for employment.

If I am accepted into the MUSEUM OF SCIENCE AND INDUSTRY'S volunteer program, I agree that I will abide by the requirements of the program, policies and procedures of the Museum, and commit to volunteer regularly for a minimum duration of six months.

Signature: _____ **Date:** _____

