



Volunteer Application-Teens in the Family Center

Toledo Museum of Art

PO Box 1013, Toledo, OH 43697

419-254-5771 ext 7390

Date _____

Are you at least 16 or 17 years of age: Yes No

Name _____
First M.I. Last

Address _____

City _____ State _____ Zip _____ Home Phone _____

Cell Phone _____ E-mail Address _____

Emergency Contact _____
Name/Relationship Phone Number

High School _____ Major/Minor _____ Year Graduating _____

If you are volunteering to fulfill service hours due to a community or educational requirement, how many hours do you need: _____

If you are volunteering for your personal growth and to be involved in the community, how long do you plan to volunteer: _____

Do you have your parent/guardian's permission to volunteer: _____ Yes _____ No

Does your parent/guardian know you are submitting an application to volunteer: _____ Yes _____ No

Volunteer History: Please list the organization, what position you held, dates you volunteered there _____

How did you hear about the Volunteer program at the Toledo Museum of Art _____

Why did you choose to volunteer at the Toledo Museum of Art _____

Are you related to, or know anyone currently working for, or volunteering at the Museum _____ Yes _____ No

(Please list their name and their relationship to you)

Applicant Agreement and Signature

I certify that the information contained in this application is correct to the best of my knowledge. I understand that false or misleading information is grounds for refusing to accept me as a volunteer or will result in immediate termination if offered a volunteer position.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for a volunteer position. I also authorize the Museum or its agent to conduct any background or reference check, including but not limited to previous employment, education, criminal convictions, and credit records.

In consideration for my volunteer status, I agree to abide by the policies and regulations of the Museum, which policies may be changed, withdrawn, added or interpreted at any time, at the Museum's sole option and without prior notice to me. I also acknowledge that should I be offered a volunteer position with the Museum, I may be terminated, or any offer withdrawn, at any time, with or without cause, and with or without prior notice at the option of the Museum or myself.

I understand that any offer of a volunteer position will be contingent based upon reports satisfactory to the Museum.

Applicant Signature _____

Date _____