

MUSEUM VOLUNTEER PROFILE

Name:					
Last	First		Middle	Middle	
Address:					
Street		City	State	Zip	
Home Phone:	E	Email address:			
Work Phone:		Cell phone:			
What types of volunteer services interest	you? Check all that appl	ly.			
Visitor Services Ed	Education Programs/Special Events Office/Cleric		Office/Clerica	1	
Exhibit Installation C	ollection & Reference Serv	ices	<u> </u>		
Volunteer Shift Preference:					
Weekdays: A.M. P.M.	Weeken	ds: P.M.			
Are you available on an as needed or flexib	ole basis? Yes _	No			
Are there any factors that could affect your	availability?				
How did you learn about the Elmhurst History	orical Museum volunteer p	rogram?			
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W7	L. Floris and H. de de al Mar	9			
Why are you interested in volunteering at the	he Elmhurst Historical Mus	eum?			
Relevant Education or Experience					
Recent Volunteer Experience: Volunteer Position:					
Organization:			Years of Service:		
Employment Status: Are you employe	ed? Yes No				
Most Recent Employer:		Occ	upation:		
Full Time Part-Time	Student	Other			
Are you now currently employed or have you	ou ever been employed by	the City of Elmhurst?	Yes N	0	
Education (check all that apply):	ligh School	College	Post Gradu	iate	

Date:

If you have other skills or abilities that might be valuable such as teachilist them in the space provided:	ing, foreign language or computers, please
Please include two references (not related to you). If applicable, please volunteer experience.	include references from your most recent
Name:	Phone:
Name:	Phone:
Have you ever been convicted of any civil or criminal offenses? (A conviction record will not necessarily be cause for disqualification)	Yes No
Emergency Notification In case of emergency, please notify the following person:	
Name:	Relationship:
Home Phone No.:	Work Phone No.:
Cell Phone No.:	
Background Check Information I certify that the information in this Volunteer Application is true, correct an authorize the City of Elmhurst to verify any and all information I provided bunderstand that for the protection of visitors, volunteers and staff, all adults background check and I hereby authorize such background check.	by contacting appropriate sources. I
Waiver I acknowledge I volunteer my services to the City of Elmhurst and I am not I agree that my services are donated to the Elmhurst Historical Museum with	
I agree to comply with all policies and procedures, as well as safety practice I understand that my volunteer status may be terminated at any time for failt the Elmhurst Historical Museum as outlined in the Elmhurst Historical Museum	ure to comply with policies and procedures of
Signature	Date

