

# Agape Children's Museum VOLUNTEER APPLICATION

## CONTACT INFORMATION

Name \_\_\_\_\_ Home Phone # ( ) \_\_\_\_\_  
Lat First Middle  
Email Address: \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Have you ever volunteered/worked under another  
Number and Street name?  No  Yes: \_\_\_\_\_  
City State Zip Code Previous Name

## What volunteer opportunities interest you?

Education Volunteer \_\_\_\_\_  
Museum Outreach Volunteer \_\_\_\_\_  
Office Assistance Volunteer \_\_\_\_\_  
Special Events Volunteers \_\_\_\_\_  
Other: \_\_\_\_\_

**Why would you like to volunteer with the Agape Children's Museum?**

**Have you had any prior volunteer experience? If yes, please describe**

**Describe any experience you have working with children?**

**Please describe any relevant education, applicable skills or qualifications you have acquired from employment, volunteer service or through other activities, including hobbies:**

### I AM...

Employed  Student : school/major \_\_\_\_\_  
 Retired  Other:  
 Eligible for a time-off program for volunteers through my employer.

Interested in volunteering in order to satisfy a credit requirement at my academic institution.

Fluent in any language other than English:

**Are you between the ages of 16 and 18?**  Yes  No

*(Under 18 years old, parent/guardian signature required, must be at least 16 to volunteer)*

***I AM ABLE TO VOLUNTEER:***

**Special Events on:**

Weekdays:  Yes  No

Weekends:  Yes  No

Are you available for occasional special events scheduled in the evenings?  Yes  No

**Comments about your availability; include any special needs you may have:**

To be considered for this position would you be willing to submit a Live Scan & Current TB Certification?  Yes  No  
Have you ever been convicted of a criminal offense (felony or misdemeanor)?  Yes  No  
*If yes, state nature of the crime(s), when and where convicted and disposition of the case:*

**REFERENCES**

*List below three people you have worked or volunteered with for at least one year. Do not list relatives or friends unless you have worked or volunteered with them. Students may list teachers and/or coaches.*

**How did you learn about our volunteer program?**

**I acknowledge that the information I have provided is accurate. Parent/Guardian consent signature if applicant is between the ages of 16 and 18 years old:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have questions please contact Vaughn Pitts Executive Director at (562) 988-8010 x or [vpitts@agapecm.org](mailto:vpitts@agapecm.org)

**Thank you for completing this application form and for your interest in volunteering with Agape Children's Museum!**

***PLEASE RETURN COMPLETED APPLICATION TO:***

2892 North Bellflower Blvd. Suite #465  
Long Beach, CA 90815

***CONNECTING THE LOVE OF LEARNING THROUGH PLAY***