

Today's Date: _____



APCM VOLUNTEER APPLICATION ADULT

Please fill out this form and drop off at 29 South Broad Street, Westfield, MA or mail to P.O. Box 931, Westfield, MA 01085. You may also fax it to (413) 572-1206. Call (413) 572-4014 if you have any questions.

Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Date of Birth: _____ Age: _____

Phone #: _____ Email: _____

Days Available [Check all that apply]

Monday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday ___

Times Available: _____

How often would you be able to volunteer? [Check one]

Once a Week ___ Every Other Week ___ Once a Month ___ As Needed ___

Type of Volunteer work you are interested in? [Check all that apply]

General ___ Fundraising ___ Crafts ___ Events ___ Face Painting ___ Mailing ___

Other [Please Describe] _____

Do you have any volunteer experience? [Circle one] YES NO

If yes please list experience: _____

List of References:

Name: _____ Phone: _____ Address: _____

Name: _____ Phone: _____ Address: _____

Name: _____ Phone: _____ Address: _____

Person of Contact in case of Emergency:

Name: _____ Relationship: _____

Address: _____ Phone: _____

I understand that the Amelia Park Children’s Museum may run a CROI report on my background. I hereby authorize APCM to verify all information contained in this application and any supplement hereto. I certify that the above statements are true and complete to the best of my knowledge.

Signature: _____ **Date:** _____

APCM Management Only

Interview Date: _____ Interviewed By: _____

Comments: _____

References Called By: _____ Date: _____

Reference One Statement: _____

Reference Two Statement: _____

Approved: Yes No **Approved By:** _____ **Date:** _____

Volunteer Start Date: _____ **Volunteer End Date:** _____