



Delaware Museum of Natural History

P.O. Box 3937

Wilmington, Delaware 19807

302-658-9111 ext. 324

www.delmnh.org

Attn: Terri Reed, Human Resources
treed@delmnh.org

Volunteer Application

Please print or type your answers, except where signature is required.
Complete the application in full.

Applicant Information

Name (last, first, middle): _____

Home Address: _____

Home Phone: _____ Work/Cell: _____

E-mail Address: _____

Interest, skills and/or hobbies: _____

Education

High School: _____

College: _____ Degree _____

Other: _____

Employment Information

Present or Most Recent

Employer: _____ Department: _____

Address: _____

Volunteer Application

Duties: _____

Reason for Leaving: _____

Prior Employer: _____ Department: _____

Address: _____

Duties: _____

Reason for Leaving: _____

Prior Employer: _____ Department: _____

Address: _____

Duties: _____

Reason for Leaving: _____

Volunteer Experience

Name of Organization/Agency: _____

Address: _____

Dates of Service: _____

Duties: _____

Reason for Leaving: _____

Name of Organization/Agency: _____

Address: _____

Dates of Service: _____

Duties: _____

Reason for Leaving: _____

Volunteer Application

Are there any types of volunteer work you wish to avoid? _____

Skills

Computer and Other Relevant Skills: _____

Available for volunteer work: (X appropriate boxes)

	MON	TUES	WED	THUR	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

References (2) Preferably employers, volunteer supervisors, or similar. Include: name, contact information and relationship to applicant.

1) _____

2) _____

Emergency Contact Information

Name & relationship to applicant _____

Telephone numbers _____ Home _____ Cell _____

_____ Work (if applicable)

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am selected as a volunteer, I understand that any false statements on this application shall be considered sufficient cause for dismissal. I hereby authorize the Delaware Museum of Natural History to investigate any aspect of my educational and employment history.

Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(If applicant under 18 years of age)

Printed Name of Parent/Guardian _____

It is the policy of the Museum to provide equal opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.