

Volunteer Application (only one individual per application)

Children's Museum of Northern Nevada

Last Name _____ First Name _____ Date _____

Address: _____ City _____ Zip _____

Cell Phone _____ Can you receive text messages? _____

Email Address _____ **Date of Birth** ____/____/____
Month day year

Are you at least 21 years old? Yes ____ No ____

Are you employed? Full Time ____ Part Time ____ Not Employed ____ Retired ____

Emergency Contact _____ Emergency Contact Phone _____

Relationship of Emergency Contact _____

Please list organizations for which you currently or previously volunteer: _____

How did you hear about the Museum volunteer program? _____

Areas in which you are interested in volunteering:

	Educator		Education Assistant		Board of Directors
	Weekly Reader		Handyman jobs		Cleaning
	Art Room/Crafts		Office work		Other:
	Greeter		Special Events		Other:

Please indicate the days and times you **are** available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please list three (3) references:

1. Name _____ Phone: _____

Address: _____ Relationship: _____

2. Name _____ Phone: _____

Address: _____ Relationship: _____

3. Name _____ Phone: _____

Address: _____ Relationship: _____

- A. I certify that the answers and information provided in the Volunteer Application are accurate and complete to the best of my knowledge. I acknowledge that if any of the information provided is not accurate or complete, I may be denied the opportunity to provide volunteer service.
- B. I authorize Children's Museum of Northern Nevada to investigate all statements contained in this application for volunteer service, as well as my character and qualifications. I release CMNN from all liability for acts performed in good faith in connection with said investigation and evaluation of my application.
- C. I understand and agree that I am not employed by Children's Museum of Northern Nevada, and that the relationship between the CMNN and me may be terminated at any time by either party.
- D. I understand and agree that as a volunteer I must conform to all of the CMNN rules and regulations.
- E. I understand that information I have provided on my volunteer application is confidential.\
- F. I understand that as a volunteer, I am not allowed to receive any payment, tips, or reimbursement for any service provided.
- G. I hereby certify that I DO NOT have a record of founded child and/or dependent adult abuse.
- H. I hereby give CMNN permission to take photographs, videotape, or digital recordings of me to be used in promoting their services in the community. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

Volunteer Policies and Procedures

- 1. Selection & Placement of Volunteers.** Volunteer applicants will be screened to determine the interests, desires, skills and capabilities of the prospective volunteer relate to the needs of the Volunteer Support Services. Questions regarding the ability to safely perform the duties of the volunteer position for which she/he is applying will be asked. The applicant's answers will assist in the determination of her/his suitability. This selection process should serve to place people in compatible positions.
- 2. Position Descriptions.** When a volunteer applicant is cleared in the background check process and is approved as a volunteer, they will be given a position description and a name badge. The volunteer is responsible for following the procedures.
- 3. Absences.** We realize there will be times when you will not be able to perform your assigned task at the assigned time. Please contact the office (775)884-2226 or Becky Hall as soon as possible regarding your absence. **Last minute cancellations should be called into:
Becky Hall (702)769- 8707**
- 4. Personal Safety.** CMNN works hard to provide a safe environment for both patrons and volunteers. Ensuring the safety of these valuable people is core to our mission. Always follow safety protocol and inform management if you get hurt or see a safety hazard.
- 5. Confidentiality.** During the course of volunteering for CMNN, you may be exposed to confidential information about research, patrons, and other volunteers. You are expected to treat such information with the utmost discretion. Confidential information should not be shared with anyone. If you have concerns or questions, you should contact the Executive Director.
- 6. Conflict Resolution.** If any conflict between the volunteer and the patron (or another volunteer) should arise, the two parties should first try to resolve the matter between them. Any conflicts not

resolved between the two parties on their own must be taken to the Executive Director for resolution. An attempt will be made to resolve the problem or create a compromise.

- 7. **Termination of Volunteers.** CMNN reserves the right to terminate a volunteer as a result of:
 - 1) Failure to comply with volunteer policies, rules and regulations.
 - 2) Absences without prior notification.
 - 3) Unsatisfactory attitude, work or appearance.
 - 4) Any other circumstances which, in the judgment of the staff or board, would make continued services as a volunteer contrary to the best interests of CMNN.

- 8. **Acceptance of Gifts.** All volunteers must avoid the receipt of gifts or payments from anyone. Upon receipt, gifts should be returned to the patron with regrets that CMNN policy prohibits acceptance of gift or payments. Voluntary contributions to CMNN should be sent to the office.

- 9. **Suggestions/Concerns.** We want your experience with us to be meaningful to both you and those you serve. If you have suggestions or concerns regarding our programs, we are very interested. Please talk to the Executive Director.

- 10. **Smoke Free Environment.** The Children’s Museum of Northern Nevada promotes a smoke-free environment. Please do not smoke while volunteering or anywhere in the building or surrounding perimeter.

- 11. **Dress Code** The Children’s Museum of Northern Nevada expects its volunteers to dress in an assignment appropriate manner. All clothing should be clean and in good repair. Vulgarity and the advertisement of alcohol or tobacco are strictly prohibited. Volunteers should practice good hygiene. In addition, volunteers are expected to wear a CMNN name badge when performing assigned tasks.

- 17. **Criminal Background Checks.** All potential volunteers will undergo a background check before they can volunteer for CMNN. The background check will be paid for by CMNN.

By signing that you have read and understood these policies, you agree Northern Nevada Children’s Museum has permission to perform one or all of these checks on you as it feels necessary.

I have read the application materials and agree to abide by them.

Signed this _____ day of _____, 20_____.

Printed name of volunteer

X _____
Signature

**This volunteer application package may be dropped off or mailed to:
Children’s Museum of Northern Nevada
813 N. Carson Street
Carson City, NV 89701:**

DISCLOSURE FORM TO OBTAIN Background check FOR VOLUNTEERING PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for volunteering at the **Children's Museum of Northern Nevada** ("the Company") may request and rely upon one or more background check reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: www.intellicorp.net.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for volunteer purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize GVSS (Grimes Volunteer Support Services) to obtain and rely upon consumer reports or investigative consumer reports concerning me obtained from IntelliCorp Records, Inc.

By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I also consent to have any legally required notices sent electronically.

I do _____ do not _____ authorize you to contact, through IntelliCorp Records, Inc., my current employer for Employment and Reference Verifications. (*Checking "I do" will authorize inquiries to the Human Resources Department and to any listed supervisors.*)

Printed Name

Applicant Signature

Date

Parent or Legal Guardian Signature
(for searches conducted on minors under
the age of 18)

Date

Personal Data

Last Name First Name Middle Name

Current Address City Zip Dates Lived Here

Date of Birth Other Names Used (including maiden name) Years Used

Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete.

Printed Name Applicant Signature Date

Once you have been cleared in the background check process, this page will be shredded.