



## Volunteer Application

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_  
E-MAIL: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_

How did you hear about our volunteer program? \_\_\_\_\_

Are you volunteering to fulfill a service requirement? Yes No If yes, number of hours required: \_\_\_\_\_

**We do not accept court ordered volunteer service.**

Would you like us to keep your employer or school informed of your volunteer achievements? Yes No

Are you interested in an internship at Discovery Gateway? Yes No

Have you ever been convicted of a criminal offense? Yes No

If yes, please complete the following section:

Charge	Date	State and County of Conviction	Length of Sentence	Date of Probation/Parole

\* Please note that some convictions may prohibit volunteering at Discovery Gateway.

PLACEMENT PREFERENCE: Visitor Friendly Positions Behind the Scenes Either

List skills, experiences, hobbies, or interests which might be helpful at Discovery Gateway.

\_\_\_\_\_

Please list and describe any previous volunteer/professional experience with children.

\_\_\_\_\_

### REFERENCES

Name Relationship Phone Number

\_\_\_\_\_

Please list the times you are generally available to help us: (i.e. Monday: 3:30-5:30 pm)

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

Would you be interested in being placed on-call for volunteer work as needed? Yes No

Can you work on holidays when the museum is still open? Yes No

Are you fluent in any other languages besides English? Yes No If yes, what languages? \_\_\_\_\_

Would you like to volunteer for special events? Yes No



See reverse side

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**CERTIFICATION AND AUTHORIZATION**

**Please read and sign the following:**

I certify that the answers given by me to the foregoing questions and statements are true, correct and without omissions. I authorize Discovery Gateway and/or its designees to investigate and or verify the information which I have provided herein. The information that I have provided will be used solely for purposes of assisting them in determining my ability to perform the duties of the volunteer position(s) for which I am applying. I further agree to comply with the policies and procedures, as well as safety practices, in all areas of Discovery Gateway. I understand that my volunteer status may be terminated at any time for failure to comply with policies and procedures of Discovery Gateway, including those of the volunteer program; for absence without notification; for reasons of unsatisfactory attitude, work, personal appearance, and/ or for any other circumstances which, in the judgment of Discovery Gateway, would make my continued service as a volunteer contrary to their best interests.

Any person who knowingly gives false information will be subject to immediate dismissal from the volunteer program.

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Signature

Date

Please return your completed application to:

Discovery Gateway  
ATTN: Volunteer Coordinator  
444 West 100 South  
Salt Lake City, UT 84101  
801-456-5437

[volunteers@discoverygateway.org](mailto:volunteers@discoverygateway.org)

Application Received On \_\_\_\_\_  
Liability Release Received On \_\_\_\_\_  
Background Check Received On \_\_\_\_\_  
Emergency Contact Received On \_\_\_\_\_  
Scheduled                      Completed  
Interview \_\_\_\_\_  
Orientation \_\_\_\_\_  
Training \_\_\_\_\_

Staff use only