



mail: P.O. Box 70754 • Springfield, Oregon • 97475
in person: 490 Valley River Center • Eugene, Oregon • 97401
on the web: www.AdventureChildrensMuseum.org
email: AdventureChildrensMuseum@gmail.com

Adventure! Children's Museum VOLUNTEER APPLICATION

Name _____ Phone (H) _____

Address _____ City _____ State _____ Zip Code _____

E-Mail: _____ Birthday (month/day/ yr) _____

I am interested in volunteering in the following ways (please check as many as you like):

Floor Volunteer (Work on the museum floor with the exhibits and demonstrate activities in the art room)

Teaching a class (Please mention your areas of interest):

Help at our bi-weekly work parties (Monday 6 – 9 pm _____ Saturday 10am – 2 pm _____)

Planning or aiding with fundraising (May involve addressing mailers, making phone calls, collecting donations, etc.)

Planning or aiding with events (May involve resourcing materials, decorating, activities planning and facilitating, etc.)

Developing take-out kits for our gift shop (Researching projects, assembling a shopping list, researching sources)

Researching exhibits (Utilizes computer resources as well as books, personal contacts, etc.)

Researching and writing grants.

Building exhibits

What special skills do you have?

Computer Skills (Please list): _____

Builder / Maker

Fundraising

Event Planning

___ Grant writing / Development

___ Working with children

___ Social Science Background

___ Other (Please _____)

How did you hear about our volunteer opportunities?

How long do you anticipate being available to volunteer?

___ 1 Year or Longer ___ Semester ___ Summer ___ Not Sure

Other (please specify):

How many hours per week? _____

Which days/hours do you anticipate being available?

Sunday Monday Tuesday Wednesday Thursday Friday Saturday Varying

For each available day above, please indicate which time (e.g. "Mondays 9 am till 1 pm"):

Please briefly tell us about relevant volunteer and work experience on reverse side of paper.

Please list two references (w/ phone number) we may contact:

Have you ever been convicted of a felony or misdemeanor? ___ No ___ Yes

If yes, please provide details briefly: _____

If you intend to drive on errands for Adventure!, do you have a driver's license? Yes No Insurance? Yes No

Signature _____

Date of Application _____

Please submit your application via one of the following methods:

Email: AdventureChildrensMuseum@gmail.com

Mail: Adventure! Children's Museum, PO Box 70754, Springfield, Oregon 97475

Drop off: 490 Valley River Center, Eugene, Oregon