



# ADULT VOLUNTEER APPLICATION

1116 108<sup>th</sup> Ave NE Bellevue, WA 98004  
425-637-8100

## Applicant Information:

|                              |  |                 |  |
|------------------------------|--|-----------------|--|
| Name:<br>(first/middle/last) |  | Date Submitted: |  |
| Street Address:              |  | Phone #:        |  |
| City/State/Zip:              |  | Email:          |  |
|                              |  | Date of Birth:  |  |

## Volunteer Goals

|   |  |
|---|--|
| Are you volunteering as part of a requirement?<br><br>Y                 N | If so, explain:  |
| Do you plan to continue volunteering once your requirement is fulfilled?  | Yes   No   |
| While at KidsQuest do you hope to help with:<br>(circle all that apply)   | Arts & Crafts                 Science                 Special Events                 Behind the Scenes/Office Tasks<br>Birthday Parties                 Outreach(Community Events)                 Maintenance/Exhibits<br>Hands-On Interaction                 Other: |
| What does volunteering mean to you?                                       |  |
| Why do you want to volunteer at KidsQuest?                                |  |

## Volunteer Experience

|   |               |
|---|---------------|
| Current / previous work or occupation:                                |               |
| Previous volunteer experience:  | Organization: |
|   | Duties:       |
| Hobbies, interests, or skills that might be relevant to volunteering. |               |
| Are you bilingual? If so, which language(s)?                          |               |
| Special training, certifications:                                     |               |
| List any clubs or organizations that you belong to:                   |               |
| Describe any experience working with children:                        |               |
| How did you hear about KidsQuest Children's Museum?                   |               |

## Availability:

- Total number of hours per week you would like to volunteer\_\_\_\_\_.
- Check the box for the time period(s) in the day(s) you're available.

|           | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| Morning   |        |         |           |          |        |          |        |
| Afternoon |        |         |           |          |        |          |        |
| Evening   |        |         |           |          |        |          |        |

## Education:

Circle highest grade completed:

|                                |                    |
|--------------------------------|--------------------|
| High School: 9 10 11 12 or GED | College: 1 2 3 4 5 |
| Beyond:                        | School Name:       |

## Employment:

|                    |                     |
|--------------------|---------------------|
| Employer:          | Date Employed From: |
| Address:           | Work Phone:         |
| Job Title:         | Supervisor's Name:  |
| Short Description: |                     |

**References:**List two **professional references**, other than family members

|                 |                       |
|-----------------|-----------------------|
| Name:           | Phone:                |
| Street Address: | How do you know them? |

|                 |                       |
|-----------------|-----------------------|
| Name:           | Phone:                |
| Street Address: | How do you know them? |

**Emergency Contact Information:**

(In case of an emergency):

|             |               |
|-------------|---------------|
| Name:       | Relationship: |
| Home Phone: | Cell Phone:   |

|   |     |    |
|---|-----|----|
| Do you have any criminal convictions?   | YES | NO |
| If "YES", please explain where, when, and disposition:  |     |    |
| (Conviction will not automatically bar you from volunteering. Relevance to assignment will be considered) |     |    |

I understand that I'm not an employee of KidsQuest Children's Museum, and that any duties that I perform are as a volunteer. I agree to abide by the procedures set forth by KidsQuest Children's Museum for my assigned work duties. I also understand that it is my responsibility to update any address, emergency or other changes to the information on this form.

By my signature, I authorize KidsQuest Children's Museum to conduct a background check of my criminal record.

|                        |       |
|------------------------|-------|
| Volunteer's Signature: | Date: |
|------------------------|-------|

***KidsQuest Children's Museum is an equal opportunity organization and does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation or disability.***

Please fill out Box C: Name / Date of Birth / Sex

## WASHINGTON STATE PATROL

Identification and Criminal History Section  
PO Box 42633, Olympia WA 98504-2633



### REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT

RCW 43.43.830 THROUGH 43.43.845

(Instructions on Reverse Side)

|   |  |
|---|--|
| <p><b>A</b> <b>REQUESTING AGENCY/ADDRESS</b></p> <p>Agency _____</p> <p>Attn _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p>_____<br/>Authorized Signature Date _____</p> <p>_____<br/>Title Area Code/Phone Number _____</p> | <p><b>B</b> <b>PURPOSE</b><br/>Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer - no fee</p> <p><input type="checkbox"/> Non-Profit Business/Organization - no fee (Excluding Schools &amp; ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p><b>Fees:</b> Make payable to Washington State Patrol by check, money order, or business account.</p> <p><b>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal.</b><br/>_____ Notarized Letter(s)</p> |
|---|--|

**C** **APPLICANT OF INQUIRY** (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year

Social Security Number: \_\_\_\_\_ Driver's Lic. Number/State: \_\_\_\_\_ / \_\_\_\_\_  
(optional)

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

**D** **WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION**

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

WSP Use Only

Applicant Right Thumb Print (Optional)