

YOUTH VOLUNTEER APPLICATION

1116 108th Ave NE Bellevue, WA 98006
425-637-8100

Applicant Information

Name: (first/middle/last)		Today's Date:	
Street Address:		Phone #:	
City/State/Zip:		Email:	
Age:		Date of Birth:	

Availability

Long term _____ Short-term _____ Special Project _____.

- 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							

Skills and Interests

Current / previous work or occupation:	
Previous volunteer Experience:	What? Where?
Hobbies, interests, skills:	
Special training, certification:	
How did you hear about KidsQuest Children's Museum?	

Education

School Name:	Expected High School Graduation Year:
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Circle highest grade completed:

Grade School	6	7	8	High School	9	10	11	12	or	GED
College	1	2	3	4	Beyond:					

References

YOU MUST INCLUDE TWO TYPE-WRITTEN LETTERS OF RECOMMENDATION WITH YOUR APPLICATION. The letters must be type-written by two **adults** not related to you. They can be coaches, family friends, teachers, counselors, etc. These must accompany your application when you turn it in.

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:
IF UNDER 18 YEARS OF AGE, PARENT/GUARDIAN SIGNATURE:	

Parent/Guardian Information

If volunteer applicant is under the age of 18, parent/guardian must fill out the following information:

Name: (first/middle/last)		Today's Date:	
Street Address:		Home Phone:	
City/State/Zip:		Cell Phone:	

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>A REQUESTING AGENCY/ADDRESS</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>Authorized Signature _____ Date _____</p> <p>Title _____ Area Code/Phone Number _____</p>	<p>B PURPOSE</p> <p>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 & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal.</p> <p>_____ Notarized Letter(s)</p>
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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)