

Volunteer Application



Part 3: Emergency Contact Information

Emergency Contact

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Medical Information

Physician Name _____ Phone Number _____

Medical conditions/allergies we should be aware of _____

Part 4: Other Information

How did you first hear about volunteering here? (Please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> <i>The Sandbox</i> Website | <input type="checkbox"/> <i>The Sandbox</i> Brochure |
| <input type="checkbox"/> <i>The Sandbox</i> Newsletter | <input type="checkbox"/> Visiting the museum |
| <input type="checkbox"/> Current Member | <input type="checkbox"/> School |
| <input type="checkbox"/> Newspaper/publication /advertisement | <input type="checkbox"/> A museum staff member or volunteer |
| <input type="checkbox"/> Other _____ | |

Part 5: Background Verification

Please provide contact information for three references that can speak to your skills and experience. In order to process your application more quickly, please fill out this section completely. Placement in a volunteer assignment is contingent upon successful results of the reference checks and a Criminal Background Check.

1. Personal (someone who knows you well, not immediate family)

Name _____ Relationship to you _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail address _____

2. Professional (someone you have worked with or who has supervised you)

Name _____ Relationship to you _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail address _____

3. Previous Volunteer Experience

(If you have never volunteered before, include an additional personal or professional reference).

Part 6: Sign and Date

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 *The Sandbox* to investigate and/or verify the foregoing information, and any other information, which might assist them in determining my qualifications for volunteering. I further agree to comply with the policies and procedures, as well as safety practices, in all areas of *The Sandbox*. I understand that my volunteer status may be terminated at any time for failure to comply with policies and procedures, 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 *The Sandbox*, would make my continued service as a volunteer contrary to their best interests. Any person who gives false information will be subject to immediate dismissal from the volunteer program.

Name (please print) _____

Signature _____ Date _____

Please send completed application to:

The Sandbox

18A Pope Ave.

Hilton Head, SC 29928

843.842.7645 fax 843.842.7646