

# Come Play With Us *the sandbox*

An Interactive Children's Museum  
 18 A Pope Ave  
 Hilton Head Island, SC 29928  
 843-842-7645  
 www.thesandbox.org

## ----- Volunteer Application -----

### Part 1: Personal Information

\_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Miss \_\_\_ Mr. \_\_\_ Dr.

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Preferred Email address \_\_\_\_\_

Prefer contact by \_\_\_ home phone \_\_\_ cell phone \_\_\_ work phone \_\_\_ email \_\_\_ any of these

Age (If under 18 years old) \_\_\_\_\_

I am interested in volunteering at The Sandbox Children's Museum because: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

I need to complete community service hours for \_\_\_\_\_.

I need to volunteer \_\_\_\_\_ hours of service.

I am interested in volunteering beyond my required hours. YES NO

### Part 2: Volunteer Jobs and Availability

#### Available Times for Volunteering:

Please check all of the times that work best for you to volunteer.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
___ Morning	___ Morning	___ Morning	___ Morning	___ Morning	___ Morning	___ Morning
___ Afternoon	___ Afternoon	___ Afternoon	___ Afternoon	___ Afternoon	___ Afternoon	___ Afternoon
___ Evening	___ Evening	___ Evening	___ Evening	___ Evening	___ Evening	___ Evening
___ Every	___ Every	___ Every	___ Every	___ Every	___ Every	___ Every
___ 1 <sup>st</sup>	___ 1 <sup>st</sup>	___ 1 <sup>st</sup>	___ 1 <sup>st</sup>	___ 1 <sup>st</sup>	___ 1 <sup>st</sup>	___ 1 <sup>st</sup>
___ 2 <sup>nd</sup>	___ 2 <sup>nd</sup>	___ 2 <sup>nd</sup>	___ 2 <sup>nd</sup>	___ 2 <sup>nd</sup>	___ 2 <sup>nd</sup>	___ 2 <sup>nd</sup>
___ 3 <sup>rd</sup>	___ 3 <sup>rd</sup>	___ 3 <sup>rd</sup>	___ 3 <sup>rd</sup>	___ 3 <sup>rd</sup>	___ 3 <sup>rd</sup>	___ 3 <sup>rd</sup>
___ 4 <sup>th</sup>	___ 4 <sup>th</sup>	___ 4 <sup>th</sup>	___ 4 <sup>th</sup>	___ 4 <sup>th</sup>	___ 4 <sup>th</sup>	___ 4 <sup>th</sup>
___ 5 <sup>th</sup>	___ 5 <sup>th</sup>	___ 5 <sup>th</sup>	___ 5 <sup>th</sup>	___ 5 <sup>th</sup>	___ 5 <sup>th</sup>	___ 5 <sup>th</sup>

I am a year-round \_\_\_\_\_ part-time \_\_\_\_\_ resident. If part-time, what months are you available? (please circle) Jan Feb March April May June August Sept Oct Nov Dec

How long of an initial commitment are you able to make?

- 25 hours (usually about 3 months)       50 hours (usually about 6 months)  
 School Year       One full year  
 Specific Event/one-time basis       Other \_\_\_\_\_

Please check all assignments that are of interest to you:

- Registration Desk       Museum Play Guide  
 Birthday Party Partner       Special Event Assistant  
 Storytelling       Clerical/Computer Assistance  
 Membership Assistant       Board of Directors  
 Other: \_\_\_\_\_

I would like to work: (circle all that apply)

independently      with the public      away from the public      with other volunteers

I am: (circle all that apply)

creative      poetic      bold      spontaneous      artistic      introverted  
outgoing      gentle      smiley      organized      resourceful      crafty  
athletic      energetic      talkative      detail-oriented      logistical      adventurous  
silly      not-so-organized

Other: \_\_\_\_\_

List any special skills, interests, hobbies or language skills: \_\_\_\_\_

### **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):

- The Sandbox* Website       *The Sandbox* Brochure       *The Sandbox* Newsletter  
 Visiting the museum       Current Member       School  
 Newspaper/publication /advertisement       A museum staff member or volunteer  
 Other \_\_\_\_\_

### **Part 5: Background Verification**

Please provide contact information for two 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)/ Teacher or Professor)

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).

Name \_\_\_\_\_ Organization \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

**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, including a criminal background check. 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_

If under the age of 18, please complete:

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Current Employer/School \_\_\_\_\_ Grade (if in school) \_\_\_\_\_

Please send completed application to:

The Sandbox  
18A Pope Ave.  
Hilton Head, SC 29928