

Come Play With Us *the sandbox*

An Interactive Children's Museum
 80 Nassau St.
 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						
___ Afternoon						
___ Evening						
___ Every						
___ 1 st						
___ 2 nd						
___ 3 rd						
___ 4 th						
___ 5 th						

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

Please check all assignments that are of interest to you:

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

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
80 Nassau St
Hilton Head, SC 29928