

EXPLORE THE WONDERS OF WATER

VOLUNTEER APPLICATION

NAME: _____
Last First M.I.

PREFERRED NICKNAME: _____ DATE OF BIRTH: ____/____/____

SOCIAL SECURITY #: _____ TELEPHONE: (_____) _____

ADDRESS: _____
Street City State Zip

WHOM SHOULD WE CONTACT IN CASE OF EMERGENCY? _____
Name Telephone #

PHYSICAL LIMITATIONS (if any): _____

PREVIOUS VOLUNTEER EXPERIENCES: _____
Organization Position How long?

EMPLOYER/OCCUPATION: _____

NAME OF SCHOOL: _____

GRADE LEVEL: _____ MAJOR/AREA OF INTEREST: _____

HAVE YOU EVER BEEN INVOLVED IN ANY LAW VIOLATION, OTHER THAN A TRAFFIC VIOLATION? Yes / No
IF YES, PLEASE STATE WHAT TYPE OF VIOLATION: _____

HAVE YOU EVER BEEN INVESTIGATED FOR CHILD ABUSE AND NEGLECT? Yes _____ No _____

THREE PROFESSIONAL CHARACTER REFERENCES ARE REQUIRED TO COMPLETE YOUR APPLICATION.
Appropriate references include teachers, school principals, academic advisors, supervisors.

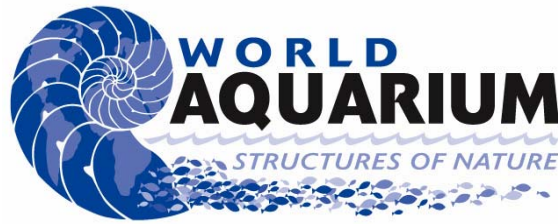
HOW DID YOU HEAR ABOUT THE AQUARIUM'S VOLUNTEER PROGRAM? (circle one)
NEWSPAPER TV RADIO BROCHURE NEWSLETTER A VOLUNTEER WORK SCHOOL STAFF
OTHER _____

WHY ARE YOU INTERESTED IN VOLUNTEERING FOR THE WORLD AQUARIUM?

As a volunteer, I agree to abide by the policies of the World Aquarium and I certify that the above information is correct. I understand that a background check will be done on me. I authorize the World Aquarium to contact the references which I have listed. I understand that this information will be treated as confidential material.

Signature Date

Please return to the address above



VOLUNTEER REFERENCE CHECK FORM

PLEASE PRINT!

This professional reference is being given for _____
VOLUNTEER NAME

REFERENCE'S NAME: _____

ADDRESS: _____

DAYTIME PHONE: (_____) _____

1. How long have you known the volunteer applicant? _____
2. In what capacity do you know the applicant? _____
3. In your opinion, would this person be a responsible and reliable participant in our volunteer program? _____

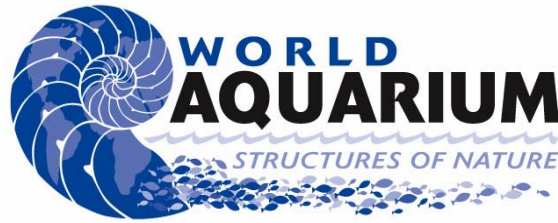
4. Can you comment on the strength of this applicant? Is he/she a strong people person dedicated to giving customer service? _____

5. Are you aware of any physical or emotional conditions that could cause difficulty for this person in a museum situation? _____

6. Any other comments? _____

Thank you for your cooperation. Please return this form to the volunteer applicant or mail it to our address above,
Attention: Volunteer Coordinator

Signature _____ Date _____



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VOLUNTEER NAME

REFERENCE'S NAME: _____

ADDRESS: _____

DAYTIME PHONE: (_____) _____

7. How long have you known the volunteer applicant? _____

8. In what capacity do you know the applicant? _____

9. In your opinion, would this person be a responsible and reliable participant in our volunteer program? _____

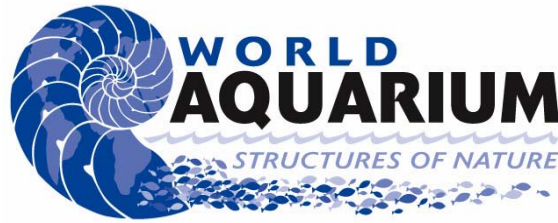
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12. Any other comments? _____

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Signature _____ Date _____



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REFERENCE'S NAME: _____

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13. How long have you known the volunteer applicant? _____

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16. Can you comment on the strength of this applicant? Is he/she a strong people person dedicated to giving customer service? _____

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18. Any other comments? _____

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