



## **CONTACT DETAILS**

All sections marked with an asterisk (\*) are mandatory fields, and must be completed.

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Title: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Street 1: \_\_\_\_\_

Street 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Email address: \_\_\_\_\_

## **WHY DO YOU WANT TO VOLUNTEER AT THE MASHANTUCKET PEQUOT MUSEUM?**

Please tell us what interests you in volunteering at the Pequot Museum?

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## **VOLUNTEER EXPERIENCE**

Have you volunteered before? If so, please tell us which organization and what role you participated in.

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## **WORKING WITH PUBLIC AND CHILDREN**

Volunteers interact with a diverse range of visitors and visitor groups. Are you comfortable dealing with large groups and interacting with the public, specifically children?

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## **VOLUNTEERING AVAILABILITY**

Please let us know your availability. We are in need of volunteers on a regular basis and especially during peak times (spring/winter break and holidays). Please Specify

My Availability is \_\_\_\_\_  
\_\_\_\_\_

## **REQUIRED SECURITY CHECKS**

These checks will be completed with the assistance of the Human Resources office of MPTN.

## **MPMRC Child Safe Standards**

The MPMRC is strongly committed to the safety and well-being of all children within our venues.

# TERMS AND CONDITIONS

I acknowledge that I have applied to volunteer at the Mashantucket Pequot Museum & Research Center. I understand that I will not be an employee, but a volunteer, and as such will not be paid for my services, and I will not receive any medical or other employee benefits provided by the MPMRC. I certify that the information on this application is true, complete and correct. I authorize the investigation of my past employment, education, and activities and release from all liability any person or company supplying such information. I understand that I will have to clear a background check and fingerprinting may be warranted if I will have direct contact with children. I understand false answers, statements, or significant omissions made by me shall cause me not to be accepted into the Volunteer Program. I understand as a volunteer I may not have a set schedule or routine and may be exposed to various aspects of the operation on any given day.

I understand and agree that by submitting this form it does not automatically accept me as a MPMRC volunteer. This is an expression of interest only. I understand that false answers, statements, or significant omissions made by me shall cause me not to be accepted into the Volunteer Program.

By submitting this form, I confirm that the information I have provided is true, complete and correct.

I Agree

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

IF UNDER 18 YEARS OF AGE

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

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## For Office Use Only:

Date Interviewed \_\_\_\_\_ Volunteer Package Rec'd \_\_\_\_\_  
Department Assignment \_\_\_\_\_ Day(s) \_\_\_\_\_ Hours \_\_\_\_\_