

# Amazement Square

## VOLUNTEER APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_

Preferred Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Local Address \_\_\_\_\_

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

Home/School Phone \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Have you ever been convicted of a law violation(s), including moving traffic violations?

\_\_\_ YES \_\_\_ NO If yes, please list, give dates and explain: \_\_\_\_\_

### EMPLOYMENT:

IF YOU ARE EMPLOYED, WHAT IS YOUR CURRENT OCCUPATION?

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

### EDUCATION:

Highest level of completed education: \_\_\_\_\_

IF YOU ARE CURRENTLY A STUDENT, WHAT SCHOOL/COLLEGE DO YOU ATTEND?

School/College: \_\_\_\_\_

Year: \_\_\_\_\_

What are your hobbies and general areas of interest? \_\_\_\_\_

Have you received any awards, honors or recognition? Please list and describe: \_\_\_\_\_

Describe any previous volunteer experience: \_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

How did you learn about our volunteer opportunities? \_\_\_\_\_

If volunteering to fulfill a community service requirement, how many hours do you need to complete? \_\_\_\_\_

\*When do they need to be completed by? \_\_\_\_\_

**AVAILABILITY TO VOLUNTEER:**

How often are you available? (please circle only one)

Twice a week

Once a week

Twice a month

Once a month

Organization Participating in an event

Please list the times that you are available each day. The museum is closed to the public on Sunday-Tuesday but if you wish to work in the facilities or education departments, Monday and Tuesday are available.

SUNDAYS

CLOSED

MONDAYS

CLOSED

TUESDAYS

CLOSED

WEDNESDAYS (10am-5pm)

\_\_\_\_\_

THURSDAYS (10am-5pm)

\_\_\_\_\_

FRIDAYS (10am-5pm)

\_\_\_\_\_

SATURDAYS (10am-5pm)

\_\_\_\_\_

**REFERENCES:**

Please list three persons not related to you who know your qualifications. Include their phone number, email, and your relationship to each person: (teacher, pastor, school counselor, employer, coach, etc.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Please send your completed application to Amazement Square, 27 Ninth Street, Lynchburg VA 24504 or to [volunteer@amazementsquare.org](mailto:volunteer@amazementsquare.org). For more information, please call (434) 845-1888.