

CHILDREN'S MUSEUM OF SOUTH DAKOTA VOLUNTEER APPLICATION

MISSION

The Children's Museum of South Dakota sparks imagination and learning for all children and their grown-ups through play, creativity, and discovery.

VISION

The Children's Museum of South Dakota seeks to transform the world by inspiring generations to love learning and to believe that life is full of possibilities.

RESPONSIBILITIES

- Creating a safe, clean, fun and enjoyable environment for all guests of the museum
- Assist full-time and part-time staff

QUALIFICATIONS

- Must commit to volunteering at least 20 hours in a 12 month period
- Must be 14 years of age or older
- Fun, enthusiastic, and creative individuals
- Willing to work with children, parents, staff, and other volunteers
- Must be reliable
- Ability to work as a part of a team and be flexible to assist wherever needed
- Excellent customer service and communication skills
- If accepted, must attend a volunteer orientation and complete a background check prior to volunteering

Please send completed application to:

Children's Museum of South Dakota
attn: Volunteer Coordinator
521 4th Street
Brookings, SD 57006
(605) 692-6700, ext. 235
info@prairieplay.org

VOLUNTEER APPLICATION

Name _____

Address _____

City, State, Zip _____

Phone Number _____ Birthdate _____ Age _____

Email _____

- ☐ Youth volunteer (14-17 years) (I certify that I am 14 or older)
- ☐ Adult volunteer (18+ years)

I am interested in volunteering at the Children's Museum of South Dakota because:
(50-200 words)

What makes you a good candidate? (50-200 words)

How did you hear about volunteering at Children's Museum?

What school/community activities are you involved with?

The Children's Museum of South Dakota requires all volunteers to commit to volunteering at least 20 hours in a 12-month period.

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

I am available to volunteer: (check all that apply)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							

NOTE: White boxes are regular museum hours. Grey boxes are subject to availability or events.

I would like to serve up to: _____ hours a month.

I am interested in volunteering in this area: (check all that apply)

- ☐ Museum Floor (such as interacting with guests and resetting exhibits)
- ☐ Programming (such as set up and clean up, assisting with programs/classes)
- ☐ Exhibit Maintenance (examples include sewing, general fix-up, landscaping)
- ☐ Café Coteau (examples include bussing tables, dishwashing)
- ☐ Office admin (such as filing, copying, mailing duties)

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

- ☐ Independently
- ☐ With the public
- ☐ Away from the public
- ☐ With other volunteers

I am: (check 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: _____

Skills & Experience: (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> additional language | <input type="checkbox"/> carpentry | <input type="checkbox"/> licensed teacher |
| <input type="checkbox"/> photography | <input type="checkbox"/> painting | <input type="checkbox"/> retired teacher |
| <input type="checkbox"/> art background | <input type="checkbox"/> sewing | <input type="checkbox"/> Reggio-inspired practice |
| <input type="checkbox"/> landscape | <input type="checkbox"/> music | <input type="checkbox"/> graphic design |
| <input type="checkbox"/> clerical duties | <input type="checkbox"/> experience with children | |

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

REFERENCES: List two local persons not related to you who can speak of your qualifications for this position. If you have previous volunteer experience, one reference should be from that organization.

1) Name _____ Relationship _____

Phone _____ Email _____

Address _____ City, State, Zip _____

2) Name _____ Relationship _____

Phone _____ Email _____

Address _____ City, State, Zip _____

Current Employer/School _____ Grade (if in school) _____

EMERGENCY CONTACT

Name _____ Relationship _____

Phone: Day _____ Evening _____ Cell _____

VOLUNTEER ACKNOWLEDGMENT FORM

I understand that I have entered into a volunteer relationship with the Children's Museum of South Dakota and acknowledge that I shall not nor shall I expect to receive any form of payment for volunteer talents and services I contribute to the museum. I can terminate my volunteer service at any time and for any reason. Children's Museum of South Dakota also reserves the right to end my volunteer service whenever the museum deems it to be in the best interest of the Children's Museum of South Dakota.

I certify that the information contained in my application for volunteer service is true to the best of my knowledge and belief. I understand that any omission of facts or misrepresentation is cause for denial of service and/or dismissal regardless of when discovered. I grant permission for the authorities of Children's Museum of South Dakota to investigate any reference provided and release them from any and all liability resulting from such investigation.

I agree that my acceptance of volunteering is contingent upon successfully meeting background check requirements. I further agree that if I have been convicted of a crime, the authorities of the Children's Museum of South Dakota may obtain the details of the conviction to determine its relationship to the volunteer service.

I understand that the Children's Museum of South Dakota may take photographs for its publications and other uses, such as publications, print ads, social media, website media and other forms of promotion.

I further acknowledge that this application is neither a contract of volunteer service, employment nor a legal document. I understand that I should contact the Director of Guest Services with any questions regarding this application or any other policy of the Children's Museum of South Dakota.

Signature _____ Date _____

IF UNDER THE AGE OF 18, PLEASE COMPLETE

Printed Name, Parent/Guardian _____

Parent/Guardian Signature _____ Date _____

Once your application is received and reviewed, you will be notified. If accepted into the Children's Museum of South Dakota Volunteer Program, you will be required to attend a scheduled Volunteer Orientation.