Volunteer Application

Please complete form and return to Ruth Hyde, MNCH Volunteer Coordinator.
Scan and email to: mnchvolunteers@uoregon.edu
Mail or delivery in person to: Museum of Natural and Cultural History, 1224 University of Oregon, Eugene, OR 97403

Name ___________________________________________ Date ____________
Address _________________________________________ City _______________ Zip ____________
Phone ___________________ E-mail ___________________________

What is the best way to contact you? □ Phone □ Email

Scheduling:

Can you commit to volunteer regularly (2-4 times per month) for one year?
□ Yes
□ No
If no, please give further details:__________________________________________

Interest:

Which of the following are you interested in doing?
□ Education Program Instructor
□ Exhibit Hall Interpreter
□ Visitor Services
□ Collections/Research

Highest Level of Education Completed?

□ Grade _____
□ High School
□ College:
□ Associates Major: __________________________
□ Masters Minor: __________________________
□ Ph.D.
Volunteer and/or relevant work experience:

Special interests, skills, hobbies, areas of expertise:

What are your goals in volunteering at the museum? (i.e., work experience, personal interest, school credit, or other)

Are you currently employed?

☐ Yes: ☐ Full time ☐ Part time
☐ I’m a student: ☐ Full time ☐ Part time
☐ No
☐ I’m retired

How did you hear about volunteering at the museum?
The University of Oregon and Museum of Natural and Cultural History conducts criminal related background checks on all volunteers to ensure a safe and secure work environment in which university faculty, staff, students, resources and assets are protected. The relevant UO Policy can be found online at http://policies.uoregon.edu/policy/by/1/03000-human-resources/criminal-credit-and-related-background-checks-applicants-universit

Have you ever been convicted of a felony? ________________

If yes, please explain:

Please list two personal references:

<table>
<thead>
<tr>
<th>Name</th>
<th>________________</th>
<th>Name</th>
<th>________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>________________</td>
<td>Phone</td>
<td>________________</td>
</tr>
<tr>
<td>Relation</td>
<td>________________</td>
<td>Relation</td>
<td>________________</td>
</tr>
</tbody>
</table>

Emergency contact:

<table>
<thead>
<tr>
<th>Name</th>
<th>________________</th>
<th>Address</th>
<th>________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>________________</td>
<td>City/State</td>
<td>________________</td>
</tr>
<tr>
<td>Relation</td>
<td>________________</td>
<td>Zip</td>
<td>________________</td>
</tr>
</tbody>
</table>

Health Concerns (anything staff should know in case of emergency)

______________________________________________________________________________

Additional Comments: