

# Neville Public Museum of Brown County

210 Museum Place • Green Bay, WI 54303-2780

PHONE: (920) 448-4460 • FAX: (920) 448-4458

| VOLUNTEER APPLICATION                   |               |   |
|---|---------------|---|
| <b>Name</b>                             |               | <b>Date</b>   |
| <b>Address</b>                          |               | <b>Are you at least 18 years of age? Y or N</b>                 |
| <b>City/State</b>                       |               | <b>Zip Code</b>   |
| <b>Phone</b>                            | <b>E-mail</b> | <b>Are you a student? Y or N</b><br><b>Name of school</b> _____ |
| <b>Education</b>                        |               |   |
|   |               |   |
|   |               |   |
| <b>Career Experience</b>                |               |   |
|   |               |   |
|   |               |   |
| <b>Volunteer Experience</b>             |               |   |
|   |               |   |
|   |               |   |
| <b>Please list your interest/skills</b> |               |   |
|   |               |   |
|   |               |   |

| <b>When are you generally available to work? (Please indicate days and times)</b> |    |     |    |     |    |       |    |     |    |     |    |     |    |
|---|----|-----|----|-----|----|-------|----|-----|----|-----|----|-----|----|
| Mon   |    | Tue |    | Wed |    | Thur. |    | Fri |    | Sat |    | Sun |    |
| am  | pm | am  | pm | am  | pm | am    | pm | am  | pm | am  | pm | am  | pm |
| <b>Why are you interested in volunteering at the Neville Public Museum?</b>       |    |     |    |     |    |       |    |     |    |     |    |     |    |
|   |    |     |    |     |    |       |    |     |    |     |    |     |    |
|   |    |     |    |     |    |       |    |     |    |     |    |     |    |
|   |    |     |    |     |    |       |    |     |    |     |    |     |    |

**Are you a Friend/Member of the Neville Public Museum Foundation?**

Yes       No



The following is a list of Volunteer Positions. Please check those which interest you.

|     |  |
|-----|--|
| 1.  | Tour Group Facilitator – Share and explain information about an assigned gallery/exhibit to museum visitors in large groups for 30-minute-long rotations using collections-based objects and activities to enhance visitor engagement and learning. This position works primarily with school groups on weekday mornings. <i>Must be 18+ years of age.</i> |
| 2.  | Gallery Attendant – Rove the museum’s galleries; provide general information about the museum and its exhibitions to visitors; perform light housekeeping in and around the museum including permanent exhibits, temporary exhibits, and the Discovery Room.   |
| 3.  | Gallery Interpreter (Docent) – Share and explain information about an assigned gallery/exhibit to museum visitors using collections-based objects and activities to enhance visitor engagement and learning.   |
| 4.  | Craft Station Facilitator – Engage with the public and help them construct a craft during Explorer Wednesdays.   |
| 5.  | Collections Assistant – Data entry, filing, scanning, digital photography, artifact handling, cleaning, research, and special projects   |
| 6.  | Gardener – Weeding, general care and maintenance of the Museum’s front garden beds   |
| 7.  | Exhibit Handy Person – Basic carpentry, painting, lifting, exhibit set up and teardown   |
| 8.  | Gift Shop – Salesperson, ½ day shift   |
| 9.  | Hospitality – Help with exhibit openings, receptions, and special events; Events are usually held evenings & weekends  |
| 10. | Holidays – Portray Bruce the Spruce, November and December only  |
| 11. | Holidays – Work in the Children Only Shop, November and December only  |

I am  I am not  interested in working with the public.

I hereby apply for volunteer work at the Neville Public Museum of Brown County. I understand that I will be expected to abide by all Museum regulations, ethics, and security policies.

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

**Application procedure**

If you are a High School student, or under the age of 18, please complete and return the volunteer application.

Anyone over the age of 18, please complete and return the volunteer application and a personal records check form.

(See attached sheet.)

## BACKGROUND INFORMATION DISCLOSURE (BID)

Providing your social security number (SSN) is voluntary; not providing it could result in an information processing delay. Personal information you provide may be used for secondary purposes [Privacy Law, Wis. Stat. §15.04(1)(m)].

**PLEASE PRINT OR TYPE YOUR ANSWERS. ATTACH ADDITIONAL PAGES IF NEEDED.**

**Check the box that applies to you.**

Current or Prospective Employee / Contractor

Other – Specify:

Volunteer

|   |               |                                |      |                           |                |
|---|---------------|--------------------------------|------|---------------------------|----------------|
| Name – (First and Middle)   | Name – (Last) | Position Title (If applicable) |      |                           |                |
| Any Other Names By Which You Have Been Known (Including Maiden Name)  |               |                                |      | Birth Date                | Gender (M / F) |
| Race<br><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Unknown<br><input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White |               |                                |      | Social Security Number(s) |                |
| Home Address  |               |                                | City | State                     | Zip Code       |
| Name and address of Potential Employer, licensing Agency, Certifying Agency, or the child care center at which you reside or will reside..  |               |                                |      |                           |                |

| <b>SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION</b>  | <b>YES</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|
| 1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, county, local, military, and tribal courts? Have you ever been convicted of another offense such as a municipal ordinance violation or a civil offense under a local ordinance?<br><br>➤ If <b>Yes</b> , list each pending charge or conviction, when it occurred, the date or arrest and conviction if applicable, and the city and state where the court is located. You may be asked to supply additional information including certified copy of the judgment of conviction, a copy of the criminal complaint or any other relevant court or police documents. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Were you ever adjudicated delinquent by a court of law, including tribal court, on or after your 12 <sup>th</sup> birthday and before your 18 <sup>th</sup> birthday, for a crime or other offense such as a municipal ordinance violation or a civil offense under a local ordinance?<br><br>➤ If <b>Yes</b> , list each crime or offense, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently under community supervision by a state, federal or tribal agency (i.e. probation, extended supervision or parole)?<br><br>➤ If <b>Yes</b> , provide the name, address and phone number of the agency.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you currently, or have you ever been, required to be registered on a state, tribal or national sex offender registry?<br><br>➤ If <b>Yes</b> , explain, including the location, reason for registration and length of time required to be registered.  | <input type="checkbox"/> | <input type="checkbox"/> |

Last Name –

| SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 5. Are you currently the subject of a child abuse or neglect investigation by a government or regulatory agency?<br>➤ If <b>Yes</b> , explain and provide the name of the agency conducting the investigation.                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has any government or regulatory agency (other than the police) ever found that you abused or neglected a child?<br>➤ If <b>Yes</b> , explain, including when and where it happened and the name of the agency that made the finding. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?<br>➤ If <b>Yes</b> , explain, including when and where it happened.                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client?<br>➤ If <b>Yes</b> , explain, including when and where it happened. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person?<br>➤ If <b>Yes</b> , explain, including when and where it happened.   | <input type="checkbox"/> | <input type="checkbox"/> |
| SECTION B – OTHER REQUIRED INFORMATION   | YES                      | NO                       |
| 1. Have you been discharged from a branch of the U.S. Armed Forces, including any reserve component?<br>➤ If yes, indicate the year of discharge: _____<br>➤ Attach a copy of your DD214 if you were discharged within the last 3 years. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you resided outside of Wisconsin in the last 5 years?<br>➤ If <b>Yes</b> , list each state and the dates you lived there.  | <input type="checkbox"/> | <input type="checkbox"/> |

**A “NO” answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.**

I understand, under penalty of law that the information provided above is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in a forfeiture and other sanctions as provided by law.

|           |             |
|-----------|-------------|
| SIGNATURE | Date Signed |
|-----------|-------------|