



409 Main Street • Niantic, CT 06357 • Phone: 860-691-1111 • Fax: 860-691-1194
www.cmsect.org

Volunteer Application

Name: _____

Address: _____

Home Phone: _____ Email: _____

Cell Phone: _____

Circle One: Age 14 - 17 Age 18+

Are you a Community Partner or a Youth Suspension Program volunteer?

Emergency Contact:

Name: _____

Relationship: _____

Please circle any times you are available to volunteer at the Museum:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Morning	Morning	Morning	Morning	Morning	
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon

Do you need to complete volunteer hours for school?

If Yes, how many hours do you need to meet your requirement? _____

Are you completing required community service hours?

If Yes, how many hours do you need to meet your requirement? _____

References: Please list two references below. References might include employers, guidance counselors, teachers, coaches, neighbors, etc...

Reference 1:

Name: _____ Relationship: _____

Phone: _____

Email: _____

Office Use Only: Contacted: _____ Approved? Yes ___ No ___
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Reference 2:

Name: _____ Relationship: _____

Phone: _____

Email: _____

Office Use Only: Contacted: _____ Approved? Yes ___ No ___
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Office Use Only:

Application Received: _____

In Filemaker: ID Number: _____

Orientation: _____

Sexual Abuse Policy Signed: _____ Date: _____

Volunteer Type:

___ Youth

___ Adult; Background Check Complete: _____ Date: _____

___ Youth Suspension Volunteer Program; Interviewed: _____

Agreement signed: _____

___ Community Partner; Company Name: _____

Contact Person: _____

Phone Number: _____