



## Volunteer Application

We consider applications for all volunteer opportunities without regard to race, color, religion, creed, gender, national origin, age, disability marital or veteran status, sexual orientation, or any other legally protected status. The information contained in this application will be considered personal and confidential and used only in conjunction with your enrollment into our Volunteer Program. Please furnish us with complete information.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### EMERGENCY CONTACT:

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

OFFICE USE ONLY			
Date	Orien	Train	Waiver

## EDUCATION AND TRAINING:

High School: \_\_\_\_\_ Diploma received: \_\_\_\_\_

College/University: \_\_\_\_\_ Diploma received: \_\_\_\_\_

Graduate School: \_\_\_\_\_ Diploma received: \_\_\_\_\_

Do you have any specialized skills or training?

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## WORK EXPERIENCE:

Current employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact your employer: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Primary duties: \_\_\_\_\_

Past employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact your employer: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Primary duties: \_\_\_\_\_

## REFERENCES

Please list two non-family references acquainted with your personality and work.

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Years Known: \_\_\_\_\_

## **VOLUNTEER EXPERIENCE:**

Name of Organization: \_\_\_\_\_

Dates of volunteer service: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Primary duties: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Dates of volunteer service: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Primary duties: \_\_\_\_\_

## **ADDITIONAL INFORMATION:**

Please list any membership you may have within a club or organization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you learn about the Great Lakes Aquarium (GLA) Volunteer Program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in volunteering at the Great Lakes Aquarium? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from your volunteer experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What forms of recognition, for your volunteer contribution, are most valuable to you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT - READ BEFORE SIGNING**

**Read the following statements carefully before you sign this enrollment form.**

I certify that all of the statements by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false information or omission of information from this application may be cause for rejection, or dismissal if enrolled into the Volunteer Program.

I understand that Great Lakes Aquarium makes no promise or agreement to enroll me for a certain period of time. If I am enrolled, Great Lakes Aquarium may terminate my involvement at any time with or without cause, for any lawful reason. Also, any Great Lakes Aquarium Volunteer is free to terminate his or her enrollment at any time. I also understand that I will not be paid for my services as a volunteer at the Aquarium.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



## Background Check Authorization

The following named individual has completed the application with Great Lakes Aquarium for a position in our Volunteer Program.

**Last Name of Applicant** (please print): \_\_\_\_\_

**First Name** (please print): \_\_\_\_\_

**Middle** (full)(please print): \_\_\_\_\_

**Maiden, Alias or Former** (please print): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex** (M or F)

Month/Day/Year

I authorize the Minnesota Bureau of Criminal Apprehension to disclose any or all criminal history record information to Great Lakes Aquarium or its agents for the purpose of approving my Application to become a Volunteer. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

**Signature of Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_

If there is any additional information or explanation you'd like to provide in relation to you background check, please attach a written statement to the back of your application.