

VOLUNTEER/EMPLOYMENT APPLICATION

Kearney Area Children's Museum

5827 4th Avenue, Kearney, NE 68845

308-698-2228

www.kearneychildrensmuseum.org



Work Study Employment Volunteer

Name _____ Date _____

Current address _____

City/State/Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Best time to call _____

E-mail _____

Highest degree obtained from an educational institution _____

Emergency Contact:

In case of emergency, notify _____ Relationship _____

Home Phone () _____ Work/Cell Phone () _____

Volunteer Information: (only if applying to volunteer)

Volunteer Hours are for: _____ (class, organization, court, etc.)

Number of Volunteer Hours Needed: _____ Date to be completed by: _____

Employment/Volunteer History:

Job Title _____ Dates of Employment _____

Company/Organization _____ Supervisor _____

Address _____ City _____ State _____ Zip _____

Job Title _____ Dates of Employment _____

Company/Organization _____ Supervisor _____

Address _____ City _____ State _____ Zip _____

Job Title _____ Dates of Employment _____

Company/Organization _____ Supervisor _____

Address _____ City _____ State _____ Zip _____

Availability

Monday*	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
— —	— —	— —	— —	— —	— —	— —
— —	— —	— —	— —	— —	— —	— —

How many hours would you like a week? _____

Are you available during school breaks? _____

Are you available during the summer? _____

List relevant skills and hobbies (computer skills, music, magic, crafts, origami, storytelling, foreign languages, etc.)

Describe what you hope to achieve from and what you can contribute to the Kearney Area Children’s Museum. (Attach additional page if necessary.)

References:

Please list three references that have known you for at least one year, with one being a family member.

Name	Current address
City/State/Zip	
Home Phone ()	Work Phone ()

Name	Current address
City/State/Zip	
Home Phone ()	Work Phone ()

Family Member

Name	Current address
City/State/Zip	
Home Phone ()	Work Phone ()

Please note: The Kearney Area Children’s Museum may conduct a background check on applicants.

*The Kearney Area Children’s Museum inspires play, exploration,
and discovery through interactive experiences.*



AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY

The State of Nebraska approved this form, any alteration will invalidate it.

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name/ Fax: _____
Please do not use abbreviations

Address and Phone Number: _____

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Print Full Legal Name: (applicant) _____

Signature (applicant)

Date

Current Address: _____
(Street/City/State/Zip)

Applicant Date of Birth

Applicant Social Security Number

Other names previously used such as former married names, maiden name and nick names. Please Print.

Names and birth dates of your children and children who have lived with you. Please Print.

Any Address at which you have resided during the past 20 years. Please Print.

