



Ideas You Can Touch
Ideas que puedes tocar

VOLUNTEER APPLICATION

ID Number:

Welcome to Explora!

You must be 14 years old to volunteer.

If you are under the age of 18, you will need to have a parent or guardian sign the consent form. If you have any questions, please ask; we will be happy to help you.

Drop off your completed application at the Admissions Desk or mail or e-mail to:

Explora
Volunteer Program Manager
1701 Mountain Road NW
Albuquerque, New Mexico 87104

Volunteer Program Manager
505-224-8362
volcoor@explora.us

Please print:

Name: _____ Date of Application: _____

Address: _____

City/State/Zip: _____

Phone: (home) _____

(mobile) _____ (email) _____

Please list languages in which you are proficient: _____

Please list your current and/or most recent job, and primary responsibilities:

Please list your current and/or most recent volunteer experience and duties:

How did you hear about Explora?

Check area(s) of interest: Training is provided for some areas.

Visitor Experience Facilitator- Work on the exhibit floor assisting visitors

Outreach activities- Facilitate booth or table at community and school events, festivals, fairs, etc.

Special Events - Set-up and work events, meetings, workshops, etc.

Operations Support- Water plants, landscaping, help keep Explora clean!

Educational Facilitator - Assist our Education staff in the lab/classroom programs

School Group Guide - Lead groups on field trips

Office Assistant- Mailing, filing, data entry, etc.

Exhibit/Design Assistance- Carpentry, painting, set-up and more

Preparation Support- Help prepare materials for exhibits and educational programs

Other interests:

What types of skills do you have to offer?

What personal goals do you have while at Explora?

Do you have any special interests, talents, training or hobbies that could relate to Explora?

Photo Release (please choose one)

I hereby grant to Explora permission to use my image, interview/performance(s) or music in Explora's newsletter, website, flyers, brochures, newspapers, banners or other Explora promotion and/or documentations, I understand I will not be compensated for any use of these photos.

I do NOT grant to Explora the rights to use my image, interview/performance(s) or music for exhibit displays, educational programs, advertisement, publicity, and/or public relations.

In case of emergency, we should contact:

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

Medications and/or conditions pertinent to volunteer work:

VOLUNTEER AGREEMENT

This volunteer agreement will help us to provide you, our visitors, and staff with the best experience for all.

Please read and sign below.

1. I agree to abide by all Explora policies and be a good representative of Explora.
2. I will call my assigned supervisor if I am unable to come in for my shift.
3. I will attend all required workshop/training sessions.
4. I will communicate with my assigned supervisor, or the Volunteer Manager, any concerns, questions, or problems.

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

While safety precautions are stressed, I recognize there is some degree of risk in any activity. In the event of an accident or a medical emergency, I understand an effort will be made to contact the names as listed above. In the event of an emergency, I authorize emergency medical treatment deemed necessary by emergency response or medical personnel.

PARENTAL AGREEMENT FOR UNDERAGE VOLUNTEERS

I understand that my child will be supervised only in a general manner consistent with their volunteer assignment. I understand that my child will not be monitored once he/she leaves Explora. Permission to leave the premises before, during, or after their shift is the responsibility of the parent and student, as are issues regarding transportation to and from Explora.

I certify that the information provided in the Volunteer Application is true and correct, and has been given voluntarily. I understand that volunteer placement is a selection process and not all applicants are accepted into the program. I understand that Explora reserves the right to place volunteers in the area that Explora staff feels is best suited to their skills and the needs of Explora, and that volunteers may be terminated at any time for any reason. I have read and understand the Photo Release, Authorization for Background Check, Volunteer Agreement, Emergency Medical Treatment Authorization, and Parental Agreement for Underage Volunteers (if applicable).

Volunteer Signature _____

Date _____

Parent or Guardian (if under 18) _____

Date _____

If you are 18 years of age, or older, a criminal background check is required.
Please complete the following consent form. There is no cost to the applicant.

CONFIDENTIAL

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Explora and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to PRECISION SECURITY, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. PRECISION SECURITY, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:
Please check the box below if you wish to receive a copy of a consumer report that is requested.
 I wish to receive a copy of any Background Check Report on me that is requested.