



**CML VOLUNTEER APPLICATION**

Please return completed form to  
Kendra McCabe, *Education Coordinator*  
25 Ann Street, Charleston, SC 29403  
or [kendra@exploreCML.org](mailto:kendra@exploreCML.org) or fax to: 843-853-1042  
Questions? Call Kendra at 843.853.8962 x227

**Volunteer Bio:** (Please Print Clearly)

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Current Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

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

**Employment Status:** (Please check one):  Full-time  Part-time  Retired  Student

Place of Employment/School Name: \_\_\_\_\_

Drivers License number and state: \_\_\_\_\_

**References:** (former employers, friends)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear of our volunteer opportunities?  
\_\_\_\_\_  
\_\_\_\_\_

**Skills and Interests:**

Do you have any special training or skills that you could apply to your volunteer area of interest?

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

Talents and/or Hobbies?

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I am interested in volunteering as a:

- |   |   |
|---|---|
| <input type="checkbox"/> Play Guide           | <input type="checkbox"/> Handy Helper           |
| <input type="checkbox"/> Creative Champion    | <input type="checkbox"/> On the Road PLAY Guide |
| <input type="checkbox"/> Green Guru           | <input type="checkbox"/> Rock Star              |
| <input type="checkbox"/> Office Owl           | <input type="checkbox"/> Junior Camp Counselor  |
| <input type="checkbox"/> Exceptional Educator |   |

**Background Verification:**

What other address(s) have you had in the last 2 years:

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Have you ever been convicted of a criminal offense? If yes, please explain.

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*All background information will be kept confidential, but may determine your eligibility. All volunteers will have to be screened by an FBI/SLED check.*

Do you have any physical limitations or are you under any course of treatment which might restrict your ability to do certain types of work? Please explain and list restrictions.

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CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK

**AUTHORIZATION/WAIVER/INDEMNITY**

I understand that, as a condition of my consideration for employment with Children's Museum of the Lowcountry (CML), or as a condition of my continued employment with CML, CML may investigate my background. This may include contacting any and all corporations, former employers, educational institutions, law enforcement agencies, city, state, county, and federal courts, and military services to release information about my background including, but not limited to, information about employment, education, consumer credit history, driving record, criminal record and general public records. I authorize and give consent to CML's procurement of such a report.

By signing below, I release CML and all persons, companies, and schools supplying such information from all liability. I release CML against any liability, which may result from making such requests. This release shall remain in effect for the length of my employment.

I understand that, in accordance with the federal Fair Credit Reporting Act, CML will provide me with a copy of any such report if the information contained in the report is, in any way, to be used in making a decision regarding my fitness for employment with CML. I further understand that such report will be made available to me prior to a decision being made, along with the name and address of the reporting agency that produced the report.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I understand the terms of this release.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
APPLICANT'S SIGNATURE                      DATE                      DATE OF BIRTH

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
PLEASE PRINT NAME                      SOCIAL SECURITY NUMBER