



CML VOLUNTEER APPLICATION

Please return completed form to
Education Team
25 Ann Street, Charleston, SC 29403
Email: cody@explorecml.org or fax to: 843-352.6162
Questions? Call Cody Mathews at 843.853.8962
x207

CML currently requires proof
of COVID-19 vaccination for all
employees and volunteers.

Volunteer Bio: (Please Print Clearly)

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

Date of Birth: _____

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: _____

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?

I am interested in volunteering

as a:

Play Guide

Junior Camp Counselor

Office Owl

Background Verification:

Can you provide proof of vaccination status?

Yes

No

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

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

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.

CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK

AUTHORIZATION/WAIVER/INDEMNITY

I HEREBY GIVE MY PERMISSION FOR THE CHILDREN'S MUSEUM OF THE LOWCOUNTRY TO OBTAIN INFORMATION RELATING TO MY CRIMINAL HISTORY RECORD THROUGH THE VOLUNTEER CENTER AT UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY AND THE VOLUNTEER CENTER OF DALLAS COUNTY. THE CRIMINAL HISTORY RECORD, AS RECEIVED FROM THE REPORTING AGENCIES, MAY INCLUDE JUVENILE OFFENSES, ARREST AND CONVICTION DATA, AS WELL AS, PLEA BARGAINS AND DEFERRED ADJUDICATIONS. I UNDERSTAND THAT THIS INFORMATION WILL BE USED, IN PART, TO DETERMINE MY ELIGIBILITY FOR AN EMPLOYMENT/VOLUNTEER POSITION WITH THIS ORGANIZATION. I ALSO UNDERSTAND THAT AS LONG AS I REMAIN AN EMPLOYEE OR VOLUNTEER HERE, THE CRIMINAL HISTORY RECORDS CHECK MAY BE REPEATED AT ANY TIME. I UNDERSTAND THAT I WILL HAVE AN OPPORTUNITY TO REVIEW THE CRIMINAL HISTORY AND A PROCEDURE IS AVAILABLE FOR CLARIFICATION, IF I DISPUTE THE RECORD AS RECEIVED.

_____/_____/_____
APPLICANT'S SIGNATURE DATE DATE OF BIRTH

_____-_____-_____
PLEASE PRINT NAME SOCIAL SECURITY NUMBER