

Paper Discovery Center Volunteer Application

Thank you for your interest in volunteering at the Paper Discovery Center. In order for us to process your application, we ask that you to fill out the form and return it to **Paper Discovery Center, Attn: Volunteer Coordinator, 425 West Water Street, Appleton, WI 54911.**

Name: _____ Tel.: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Note: You must be at least 14 years old to volunteer at the Paper Discovery Center

Please rank the areas (from 1-7, with 1 being your first choice) which you are interested in volunteering:

- ___ **Education** – assist with school field trips, demonstrate / instruct how to make paper by hand
- ___ **Receptionist** – greet visitors, collect entry fees, answer phones / take messages
- ___ **Clerical work** – address envelopes, create labels, file, etc
- ___ **Gift Shop Support** – clean display, monitor inventory, adhere price tags, etc
- ___ **Exhibits** – help to construct, maintain, and/or clean exhibits
- ___ **Library & Collections** – process research requests, loans, & donations; clean & repair artifacts; and update database
- ___ **Public Relations** – Work / create booth displays, exhibits and demonstrations, write articles on the Paper Discovery Center and upcoming programs, activities, and events for Paper Discovery Center and Hall of Fame newsletters
- ___ **Special Events** – help plan and/or run special events, including the annual Paper Industry International Hall of Fame induction ceremony

Work Experience (if currently employed and/or a student, please include employer and/or school):

Volunteer Experience:

Interest & Skills:

Preferred Days & Times you'd like to volunteer: _____

Emergency Contact – Name: _____

Relationship: _____

Telephone No: _____

I hereby apply to be a volunteer at the Paper Discovery Center (PDC). I understand that I will be expected to abide by all PDC rules, regulations, security and safety policies and will be required to agree to a criminal background check as condition of being accepted as a volunteer (See back side of form).

Signature: _____ Date: _____

Paper Discovery Center Background Information for Staff and Volunteers

The Paper Discovery Center takes seriously its obligation to provide a safe environment for all persons involved with youth and youth activities. The Paper Discovery Center will conduct a records check of all staff and volunteers with the Wisconsin Department of Justice to help assure a safe environment for the well being of visitors and youth program participants. Information obtained will not automatically disqualify you from employment or consideration as a volunteer.

Full Name: _____ *Social Security Number: _____

Address: _____

Phone Number: _____ Driver's License Number: _____

Date of Birth: _____ Gender: _____ Race: _____

*Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches. Further, your social security number will be used for any and all necessary and usual identification and reference purposes associated with your continuation as an employee or volunteer of the Paper Discovery Center.

- A. I acknowledge and understand that through this completed form, my record will be checked.
- B. Have you been a full-time resident in Wisconsin during the past 3 years? ___Yes ___No
- C. If "no" to above, list non-Wisconsin address(es), including county and state of residence, during the past three years.

D. If you have **not** lived in Wisconsin during the past 3 years, list 3 people (not relatives) who can comment on your work with youth:

Name: _____ Relationship to You: _____ Phone Number: _____

Address: _____

Name: _____ Relationship to You: _____ Phone Number: _____

Address: _____

Name: _____ Relationship to You: _____ Phone Number: _____

Address: _____

- E. Has your driver's license ever been suspended or revoked? ___Yes ___No
- F. Have you been convicted of crime involving a minor (included a deferred imposition of sentence)? ___Yes ___No
- G. Have you used or been known by any other names? If yes, what names have you used?

H. I acknowledge and agree that I or the Paper Discovery Center may terminate employment or the volunteer agreement at any time. I certify to the best of my knowledge that these responses are true and complete. I hereby authorize the Paper Discovery Center to conduct a police and court investigation of my background.

Signature: _____ Date: _____