



The Grand Rapids Children's Museum celebrates childhood and the joy of learning by providing an exciting hands-on environment that inspires learning and inspires self-directed exploration.

The information being requested and provided will be used for purposes of an ICHAT background check. All information used for and received from the ICHAT results will be kept confidential. ICHAT background checks are name checks only, any declination to have a background check will not be considered as a volunteer.

Background info:

Name with middle initial _____

Address _____

City _____ State _____ Zip code _____

Phone _____ Email _____

Date of birth _____

Gender (This information is for background check purposes only) Male Female

Race American Indian or Alaskan native Asian or Pacific Islander Black

Unknown/Other White

Have you ever been convicted of a felony? Yes No

Are there any felony charges pending against you? Yes No

Volunteer Goals:

How did you learn about the volunteer program? _____

Have you volunteered anywhere else? Yes No

If yes, where? _____

Do you have previous experience working with children?

Why do you want to volunteer at the Grand Rapids Children's Museum?

Are you volunteering as part of a school requirement? Yes No

If yes, please explain. Include the amount of hours needed: _____

Are you looking to volunteer short-term or long-term, or at one of our events?

Short-term

Long-term

At an event





Emergency Contact List:

In case of emergency, contact:

Name _____ Relationship _____
 Address _____
 City _____ State _____ Zip code _____
 Home phone _____ Work phone _____ Cell phone _____

Name _____ Relationship _____
 Address _____
 City _____ State _____ Zip code _____
 Home phone _____ Work phone _____ Cell phone _____

Please read and sign

I, _____, hereby agree and acknowledge that all information provided by me is true and accurate to the best of my knowledge and understand that falsified statements on this application shall be grounds for dismissal from the Grand Rapids Children's Museum (GRCM) volunteer program. I understand that my volunteer status may be terminated at any time by either party with or without cause. I further agree to comply with the policies and procedures, as well as safety practices in all areas of the GRCM. In order to serve the best interest of Museum visitors, I authorize The Grand Rapids Children's Museum to conduct a name check through the Michigan State Police (MSP) ICHAT verification system. I fully release references, employers and GRCM from any liability resulting from the verification process. I have read, or have had read to me, and understand the above statement.

Please type your name below and your 4 digit zip code and first 3 digits of your phone number (excluding area code) as electronic verification.

Applicant's name _____ Date _____

Electronic Signature _____

(If applicant is under the age of 18, a parental permission form is required.)

