

**Charles M. Schulz Museum
STUDENT VOLUNTEER APPLICATION**

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-Mail: _____

Birthday: _____

Favorite *Peanuts* character _____

What name would you like on your name tag? _____

Availability:

Weekend shifts

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Saturday | <input type="checkbox"/> 10 am – 1:30 pm |
| <input type="checkbox"/> Sunday | <input type="checkbox"/> 1:30 – 5 pm |

Weekday Shifts

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> 11 am – 2pm |
| <input type="checkbox"/> Tuesday | |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> 2 pm – 5 pm |
| <input type="checkbox"/> Thursday | |
| <input type="checkbox"/> Friday | |

Is this a school requirement? If so, how many hours are you required to serve? Please explain any details:

Skills:

Please list any language skills, artistic abilities or special talents which you might be able to use here at the Museum.

Please list your past or present work experience. Include educational background and any volunteer experience. Have you worked with children?

Please turn →

Emergency Contact (parent or guardian):

Name: _____

Telephone #: _____

Relationship: _____

Personal Reference (teacher, adult friend or neighbor):

Name: _____

Telephone #: _____

Relationship: _____

How did you hear about the Schulz Museum? _____

What motivated you to volunteer? _____

How soon can you begin volunteering? _____

Tell us a little about yourself, your family, your hobbies etc. _____

Any comments you would like to make? _____

Please see also *Volunteer Agreement*.

VOLUNTEER AGREEMENT

The *Charles M. Schulz Museum* will provide for you:

- An interesting opportunity to provide public community service at a museum.
- Adequate training and supervision.
- An environment where volunteers have the opportunity to develop special skills and abilities.
- A supportive climate where volunteers can perform and grow, and where staff members are available to discuss ideas, suggestions or problems.
- Meaningful, necessary tasks to be done.
- Recognition and reaffirmation of each individual's worth.
- Opportunity for new friendships.
- A chance to serve the community.
- An opportunity to promote the mission of the Charles M. Schulz Museum.

As a *volunteer* we ask you to:

- Participate in a one hour orientation program.
- Observe time schedule, be prompt and reliable in reporting for duty.
- Follow prescribed procedures of job performance, including changes.
- Notify the Museum as early as possible if unable to report for duty or find a replacement for yourself.
- Understand that irregular attendance, poor performance or failure to cooperate with the Museum's policies may be interpreted as a volunteer's desire to resign.
- Adhere to the volunteer dress code (dark pants/skirt, white shirt/blouse). The museum will provide you with a yellow vest with your name tag.

Volunteer Signature: _____

Date: _____

Museum Representative: _____

Date: _____

Please return this form to:

Kristi Lucas-Hayden
Volunteer Director
Charles M. Schulz Museum
2301 Hardies Lane
Santa Rosa, CA 94503
TEL (707) 284-1271 FAX (707) 579-4436
e-mail: kristi@schulzmuseum.org