

Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Birthdate (mm/dd/yyyy): \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**Employment**

Employer (please list former employer if retired): \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Education**

High School       College       Graduate school       Current Student attending \_\_\_\_\_

Current students: Would your volunteer work be related to a school project or requirement?  Yes  No

Special training: \_\_\_\_\_

Hobbies/skills: \_\_\_\_\_

Foreign language(s): Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

**What made you decide to volunteer at Bellevue Arts Museum?**

Friend or co-worker       Museum publications       Other \_\_\_\_\_

Current Museum volunteer or staff: \_\_\_\_\_

Which other organizations have you done volunteer work for? What kind of work did you do?

**Areas of Interest**

After reviewing the volunteer position descriptions, please indicate your first, second and third interests.

Areas for volunteer involvement at Bellevue Arts Museum are:

- \_\_\_ Administration
- \_\_\_ Curatorial
- \_\_\_ Development
- \_\_\_ Education
- \_\_\_ Marketing
- \_\_\_ Membership
- \_\_\_ Special Events
- \_\_\_ Artful Evening; July 21, 2012
- \_\_\_ Bellevue Arts Museum ARTSfair; July 26, 27, 28, 29, 2012

**References**

Please provide two professional and/or academic references.

1. Name: \_\_\_\_\_ Job Title & Organization: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Job Title & Organization: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

**Availability**

Bellevue Arts Museum asks volunteers to complete two shifts per month of 3.5 to 5 hours each. Would you be able to fulfill this requirement?  Yes  No

Please check the days and times you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

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

Equal Opportunity Statement: Bellevue Arts Museum does not discriminate against any volunteer applicant because of race, color, sex, sexual orientation, nationality, age, religion or disability.

**BACKGROUND CHECK**

Thank you for your interest in volunteering at Bellevue Arts Museum. As part of the screening process, we are required to conduct background checks on applicants through the Washington State Patrol. We also require the answers to the questions below.

We need your written permission to conduct a background check. By signing below, you indicate your willingness to have an inquiry made to the Washington State Patrol. Decisions regarding volunteer background checks are made on an individual basis. Please complete this form and return with your volunteer application.

Applicant's Full Name (*First Middle Last*): \_\_\_\_\_

Birthdate (*mm/dd/yyyy*): \_\_\_\_\_ Alias/Maiden Name(s): \_\_\_\_\_ Sex: \_\_\_\_\_

The Revised Code of Washington (RCW) 43.43.834 requires each applicant to disclose to Bellevue Arts Museum the answers to the following questions. If your answer is yes, please provide details on the back of this page.

- 1. Have you ever been convicted of any crime against children or other persons?  
 Yes  No
- 2. Have you ever had findings made against you in any civil adjudicative proceeding as defined in RCW 43.43.830?  
 Yes  No
- 3. Do you have both a conviction and findings made against you as defined in questions (1) and (2) above?  
 Yes  No

As of this date, the applicant named above has no record pursuant to RCW 43.43.830 through 43.43.845.

\_\_\_\_\_  
Signature (*Guardian's signature if applicant is under 18 years of age*)

\_\_\_\_\_  
Today's Date

Return all forms to: Rana San | Special Events & Volunteer Manager | Bellevue Arts Museum  
510 Bellevue Way NE, Bellevue, WA 98004 | Fax: 425.637.1799 | ranas@bellevuearts.org