



Volunteer Application

Putnam Museum & IMAX® Theatre
1717 West 12th Street
Davenport, IA 52804-3507
563.324.1054
www.putnam.org

Today's Date _____

The Putnam Museum inspires ideas, dialogue and interaction among people of all ages through entertaining experiences that connect them to history, cultures, nature and the environment, by preserving collections and presenting educational programs, IMAX® films and exhibits.

Personal Information

Name (Last) _____ (First) _____ (Middle Initial) _____
Address (street) _____ (City) _____ (State) _____ (Zip) _____
E-mail _____ Home or Cell Phone (_____) _____
Date of Birth ____/____/____ Are You 18 Years Old or Older? Yes No

Education

Highest Level Completed:
Middle School/Jr. High High School College Graduate School Doctoral
List High Schools and College/Universities You Have Attended _____

Employment

Please Check All That Apply: I am Currently: Employed Unemployed Retired Student
(If applicable) Current Employer's Name _____ Job Title _____
Address _____ Employed From _____ To _____

Volunteer Experience - Please Check All That Apply:

I Am Currently: Past Putnam Volunteer (Dates ____/____/____ to ____/____/____) First Time Putnam Volunteer
Volunteered elsewhere in the past (please list below)

Agency's Name _____ Job Title _____
City _____ Volunteered From _____ To _____

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City _____ Volunteered From _____ To _____

How Did You Hear About Volunteering at the Putnam? Word of Mouth Putnam Website
Other (Please List) _____

List Any Hobbies or Skills _____

List Any Clubs or Organizations to Which You Belong _____

In Case of Emergency

Name _____ Relationship _____ Phone (_____) _____

Please Read and Sign

I certify that the facts contained in this application are true and complete to the best of my knowledge I agree to comply with the policies and procedures, as well as safety practices, in all areas of the Putnam Museum and IMAX® Theatre.

I authorize the Putnam Museum and IMAX® Theatre to check and verify all information on this application. In order to serve the best interest of Museum visitors, the Putnam Museum and IMAX® Theatre will conduct a criminal background check on all volunteers. I fully release references, employers and the Putnam Museum and IMAX® Theatre from any liability resulting from the verification process.

I have read, or have had read to me, and understand the above statement.

Applicant's Signature

Date

Parent or Guardian Signature (If Under 18 Years of Age)

Date

**Background Check Information
(For persons 18 years and over)**

Date	
Staff	
Initials	

This information and all information in volunteer application will be used for the purpose of performing a background check.

This information is considered **CONFIDENTIAL (Please Print Clearly)**

Name (Last) _____ (First) _____ (Middle Initial) _____

Any Other Names Used _____

Social Security Number ____ - ____ - ____ Driver's License Number _____ State Issued _____

Name on Driver's License _____

Notes (Staff Only):