



Is there anything else you would like us to take into consideration when placing you as a volunteer?

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Do you agree to undergo a security check of your background? Yes No

**References:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent  
(for a volunteer minor):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR MUSEUM USE ONLY:**

Interview Date: \_\_\_\_\_

Reference check Date: \_\_\_\_\_

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Photo waiver signed: Yes \_\_\_\_\_ No \_\_\_\_\_

CRRA results received Date: \_\_\_\_\_

Emergency contact person and telephone number:

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