

Volunteer Application

Return to volunteer@launchpadmuseum.com or mail to 623 Pearl Street, Sioux City IA 51101.

Name: _____

Phone: _____

Street address: _____

City/state/zip: _____

Email address: _____

SS#: _____ Driver's License #: _____

Volunteer qualifications

Committed to volunteering 24 hours in a 12-month period (the equivalent of 2 hours per month).

14 years or older.

Willing to wear a mask covering nose and mouth.

Willing to get your temperature upon entry to the museum.

Willing to work with children, parents, staff and other volunteers.

Reliable, Flexible, Fun, Creative.

Excellent customer service and communication skills.

Willing to attend a 2-3 hour volunteer training session/orientation and complete a background check.

I am interested in volunteering at LaunchPAD Children's Museum because:

I need to complete community service hours for _____.

I need to volunteer _____ hours of service.

I am interested in volunteering beyond my required hours. YES NO

I'm willing to help with:

Assist guests with exhibits, monitor for problems.

Assist with birthday party and field trip groups.

Assist with end-of-the-day museum re-set.

Be a volunteer Discover Guide / education leader

LaunchPAD Children's Museum • 623 Pearl Street • Sioux City, IA 51101 • 712-224-2542



I can help informally teach some of these principles associated with exhibits:

Foodservice, Retail Construction, Design, Engineering, Architecture Farming
 Water, Boating Acting, Staging, Production Flight

I am: (circle all that apply)

creative poetic bold spontaneous artistic introverted outgoing gentle smiley organized resourceful-
crafty athletic energetic talkative silly detail-oriented logistical adventurous not-so-
organized

Skills and qualifications you have acquired from employment, previous volunteer work, hobbies or sports:

Previous volunteer experience:

Identify the time periods for which you are available:

| | | | | | | | | |
|-----------|--------------------------|-------------------|--------------------------|---------------|--------------------------|--------------|--------------------------|--------------|
| Tuesday | <input type="checkbox"/> | 10:00 am-12:30 pm | <input type="checkbox"/> | 12:30-3:00 pm | <input type="checkbox"/> | 3:00-5:00 pm | | |
| Wednesday | <input type="checkbox"/> | 10:00 am-12:30 pm | <input type="checkbox"/> | 12:30-3:00 pm | <input type="checkbox"/> | 3:00-5:00 pm | <input type="checkbox"/> | 5:00-7:00 pm |
| Thursday | <input type="checkbox"/> | 10:00 am-12:30 pm | <input type="checkbox"/> | 12:30-3:00 pm | <input type="checkbox"/> | 3:00-5:00 pm | <input type="checkbox"/> | 5:00-7:00 pm |
| Friday | <input type="checkbox"/> | 10:00 am-12:30 pm | <input type="checkbox"/> | 12:30-3:00 pm | <input type="checkbox"/> | 3:00-5:00 pm | | |
| Saturday | <input type="checkbox"/> | 10:00 am-12:30 pm | <input type="checkbox"/> | 12:30-3:00 pm | <input type="checkbox"/> | 3:00-5:30 pm | | |
| Sunday | <input type="checkbox"/> | 12:30-3:30 pm | <input type="checkbox"/> | 3:00-5:30 pm | | | | |

- Youth volunteer (14-17 years old)
- Adult volunteer (18+ years)

In case of emergency, please notify: _____ (name and phone number)



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Agreement and signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that all long-term, ongoing volunteers will be required to undergo a routing background check. I understand that if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in my immediate dismissal.

I understand that I have entered into a volunteer relationship with LaunchPAD Children's Museum and acknowledge that I shall not nor shall I expect to receive any form of payment for volunteer talents and services I contribute to the museum. I can terminate my volunteer service at any time and for any reason. LaunchPAD Children's Museum also reserves the right to end my volunteer service whenever the museum deems it to be in the best interest of the LaunchPAD Children's Museum.

I certify that the information contained in my application for volunteer service is true to the best of my knowledge and belief. I understand that any omission of facts or misrepresentation is cause for denial of service and/or dismissal regardless of when discovered. I grant permission for the authorities of LaunchPAD Children's Museum to investigate any references provided and release them from any and all liability resulting from such investigation.

Signed: _____ Date: _____

If under the age of 18, please complete:

Printed Name, Parent/Guardian _____

Parent/Guardian Signature _____ Date _____

Covid-19 Information:

Before entering the museum, be prepared to answer these questions as a no. If you answer any of these questions as a yes, please contact the museum and inform them with your conflicts.

1. I have tested positive for Covid-19 within the past 14 days.
2. I have had a fever of 100.4 or more with in the past 3 days.
3. I will am uncomfortable wearing a mask while at the museum.
4. A person in my household has tested positive for Covid-19 in the past 14 days.
5. I have been exposed to a person who has tested positive for Covid-19 in the past 14 days.
6. I am not feeling well today.
7. I find it difficult to stay 6 feet apart from people.

