Volunteer Questionnaire/Application

Drake Well Museum & Park and Pithole Visitor Center

202 Museum Lane, Titusville, PA 16354

(814) 827-2797 [www.drakewell.org](http://www.drakewell.org)

(Please Print and use Blue or Black Ink)

Date:

Name:

Mailing Address:

Home Phone: Alternate Phone/Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:

How did you learn about the volunteer program at Drake Well? Advertisement (name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

DWM Employee/Volunteer (name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Walk-in  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a Friends of Drake Well Member? Yes  No

Are you 18 or older? Yes  No - If no, please provide your age \_\_\_\_ and your parent/guardian’s name and contact information below.

Parent/Guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:

**Emergency Contact:**

Name: Phone:

Relationship:

Special Requirements/Medical Alerts/Allergies:

*(We appreciate information relative to your health so we may know what to do if an emergency occurs. We will not give out this information.)*

**Availability:**

What days and times are you available?

Monday: \_\_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. Friday: \_\_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

Tuesday: \_\_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. Saturday: \_\_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

Wednesday: \_\_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. Sunday: \_\_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

Thursday: \_\_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

What type of schedule would you prefer?  Regular Schedule  Flexible Schedule  As Needed

Are you available to volunteer off-site for Drake Well? Yes  No

**Experience is not required ~ we will train you in your area of interest. The following is a list of positions where we need your help. Please circle all that interest you:**

Administrative work

Assistant at Pithole

Archives/Library/Research

Blacksmithing

Education Programs

Exit Surveys

Replica Operator

Coopering

Sewing

Clean-up after events

Computer data entry

Cooking for volunteers

Curatorial

Gardening

Guiding School Tours

Maintenance Department Museum Store

Photography

Reception Desk

Visitor Services

Other:

\_\_\_\_\_\_\_\_\_\_\_\_\_

**Skills:** (i.e. computers, woodworking, writing)

**Reference: (former employer or organization you volunteered with)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:

Address:

**Confidential Information: PLEASE READ CAREFULLY**

Drake Well Museum and Park and the Friends of Drake Well, Inc. **are required by law** to request a Pennsylvania Child Abuse History Clearance and a Criminal Record Check on **ALL** volunteers and staff. All public service organizations must take reasonable precautions when appointing adults who work directly with the public, especially children. This confidential section contains information required by current legislation and Commonwealth of Pennsylvania safety regulations

**Please fill out the Pennsylvania Child Abuse History Clearance form attached to this application.** The Volunteer Coordinator will fill out and submit the forms for the Criminal Record Check. These forms along with the rest of your volunteer application will be only used for volunteer background check records and will be locked into the Drake Well Museum and Park and the Friends of Drake Well, Inc. personnel files. Upon your departure from the organization, your file will be destroyed.

In the selection of volunteers, there shall be no discrimination against an otherwise qualified individual on the basis of race, color, ethnicity, sex, religion, creed, national origin, age, disability, marital status, veteran status, or any other basis prohibited by federal, state or local law.

THANK YOU FOR YOUR TIME IN COMPLETING THIS APPLICATION. THIS IS NOT AN APPLICATION FOR EMPLOYMENT. PLEASE READ AND SIGN THE APPLICANT’S STATEMENT BELOW.

**APPLICANT’S STATEMENT**

In signing this form, I affirm that the statements contained in my application are true and correct to the best of my knowledge. I certify that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that my misrepresentation or omission of facts on this application will be cause for rejection or withdrawal of my affiliation with Drake Well Museum and Park.

I hereby authorize Drake Well Museum and Park to check all my references; I further authorize these references to release to you any information needed. I hereby release any person or entity providing a reference from any and all liability by reason of furnishing such information to Drake Well Museum and Park or its agent. I further authorize Drake Well Museum and Park or its agent to show a copy of this application and acknowledgement of consent to any person asked to provide a reference.

I understand that state law requires a Criminal Record Check and Child Abuse History Clearance for persons working with children. I understand that federal and state law may require a Federal Criminal History Records Check. I agree, if required, to supply a fingerprint sample and submit to a Federal Criminal History records check.

Signature Date

The Friends Drake Well, Inc. is a non-profit community based organization that actively supports Drake Well Museum & Park, administered by the Pennsylvania Historical and Museum Commission.

**Contact:** Sarah Goodman, Museum Educator/Volunteer Coordinator

(814) 827-2799 Ext. 111 or [sargoodman@pa.gov](mailto:sargoodman@pa.gov)

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**Drake Well Museum & Park Photography Release Form**

Event (staff use):

Please be advised that the staff at Drake Well Museum & Park may wish to take advantage of a great photo opportunity of you or your child in a project or activity during their visit to Drake Well Museum & Park. This photo will not be for sale, but may be used in future public relations material.

\_\_\_\_\_\_ You have my permission to use my photograph for Drake Well Museum & Park public relations materials.

\_\_\_\_\_\_ You do not have my permission to use my photograph for Drake Well Museum & Park public relations materials.

\_\_\_\_\_\_ You have my permission to use my juvenile’s photograph for Drake Well Museum & Park public relations materials.

\_\_\_\_\_\_ You do not have my permission to use my juvenile’s photograph for Drake Well Museum & Park public relations materials.

Adult’s Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Signature:

Juvenile’s Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Guardian’s Signature: \_\_\_\_\_