



VOLUNTEER QUESTIONNAIRE

Today's Date: _____

Name:	Home Phone:
Home Address:	Cell Phone:
City, State, Address:	E-Mail:
Date of Birth:	Drivers Licenses#:
Occupation:	State Drivers Licenses Issued By:
Employer*:	Employer's Phone:
Position:	Name of Supervisor:

*please list your former employer if retired.

What made you decide to volunteer at the Bell County Museum (BCM)?

Friend or co-worker
 BCM Publication
 Social Media
 Other _____
 Current BCM volunteer or staff (please name) _____

Tell us about your past volunteer experience:
Why do you want to volunteer at BCM?
My special skills, interest, and hobbies:

Education (check all that apply):

High School
 College
 Graduate School
 Current Student at _____

Current students: Would your volunteer work be related to a school project or requirement?

yes no

Special Training: _____



VOLUNTEER QUESTIONNAIRE

Today's Date: _____

I wish to volunteer (check those that apply):

Once a week Twice a week Once a month Other Special Events

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

	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings					
Afternoons					

Emergency Contact:

Name:	Cell Phone:
Day Phone:	Relationship:
Is it necessary to limit your physical activity in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes please explain:	

Listed below are various areas in the museum where your talents and skills are needed. Please browse the Job Description in the Bell County Museum Volunteer Handbook for more information on these different opportunities. Once you have familiarized yourself with the various opportunities, please mark the position(s) where you are interested in volunteering.

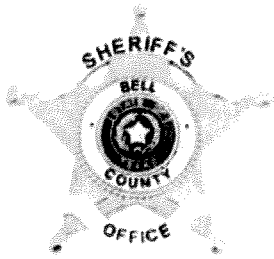
X	AREA OF INTEREST	X	AREA OF INTEREST
<input type="checkbox"/>	SPECIAL EVENTS ASSISTANT	<input type="checkbox"/>	COLLECTION MANAGEMENT ASSISTANT -Historical Research Assistance
<input type="checkbox"/>	CLERICAL ASSISTANT Museum Host -Computer Data Operator	<input type="checkbox"/>	TOUR GUIDE
<input type="checkbox"/>	EDUCATION PROGRAM ASSISTANT -Lecture -Craft Demonstrator	<input type="checkbox"/>	EXHIBIT CONSTRUCTION

I wish to apply for a volunteer position at the Bell County Museum. If I am accepted I acknowledge my responsibility to adhere to the policies of the museum and volunteer department and make a commitment to the conscientious performance of my duties:

Signature: _____ Date: _____

The Bell County Museum does not discriminate against any volunteer applicant because of race, color, sex, nationality, sexual orientations, age, religion, or disability.

PID: _____



Criminal History Information Form Please

Print Legibly if not typed. Use drop down boxes where available.

This information is only used as identifying a person; not a hiring tool.

Name: _____
Last, First, Middle - full name

Suffix or ALL previous legal names: _____

Date of Birth: _____
MM/DD/YYYY

Social Security #: _____

Race: _____ Gender: _____ Height: _____ Weight: _____
M/F Feet & inches LBS

Hair Color (as of today): _____ Eye Color: _____

Driver's License #: _____ Class: _____ State: _____

Physical Address: _____
Street Number & Name City State ZIP

Telephone: _____ Place of Birth: _____
City, State or Town/Country

High School Education completed by (circle one): High School Diploma GED

Primary Email: _____

Are you a U.S. Citizen? YES NO

FOR OFFICE USE ONLY:

WEB RMS: _____ NW: _____

NDEX: _____ NDI: _____

CCH: _____

ODYSSEY: _____

Bell County Sheriff's Department – Sheriff Bill Cooke
111 W. Central Ave, Belton, TX 76513
254-933-6753
sheriff.hr@bellcounty.texas.gov

AUTHORITY TO RELEASE INFORMATION

This release, when presented by a duly authorized representative of the Bell County Sheriff's Department, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Bell County Sheriff's Department: *Employment, Educational, Medical, Psychological; Selective Service; Police and Criminal; Motor Vehicle and Driving; Financial and Credit; Polygraph Examinations; and the UNDELETED copy my military separation document and medical records from the appropriate Military Records Center and Department of Veterans Affairs.*

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Bell County Sheriff's Department. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the Bell County Sheriff's Department, to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by the Bell County Sheriff's Department. I understand that all materials pertaining to this background investigation become the property of the Bell County Sheriff's Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source of information will not be revealed to me.

I understand that in the event the investigating agency finds conduct that is illegal, or unbecoming of a police officer and I am currently serving in the capacity of a jailer /police officer in a jurisdiction, the investigating agency has my permission to disclose the information to my current employer.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Applicant's Printed Full Name: _____
Address: _____
Telephone Number: _____
Last four of Social Security Number: _____

Do not fill out the signature line until in presence of Notary:

Applicant Signature: _____

Notary Signature: _____ **Notary Printed Name:** _____ **Commission Expires:** _____
Sworn to and signed before me, on the _____ day of _____, 20____, in and for Bell County, in the State of Texas.

**BELL COUNTY MUSEUM
PARENT/GUARDIAN PERMISSION FOR MINOR TO VOLUNTEER**

NAME OF MINOR: _____

NAME OF GUARDIAN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

By signing this release, you are verifying that you give permission for your minor child to participate as a volunteer at Bell County Museum and agree to all of the conditions and responsibilities set forth in the Bell County Museum Volunteer Handbook and volunteer training.

Parent/Guardian Signature: _____ Date: _____

Museum Representative's Signature: _____ Date: _____

