



**International Museum of Surgical Science**

A Division of the International College of Surgeons

## Volunteer Application

Name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

We are open Monday-Friday 9:30am to 5pm and Saturday-Sunday 10am to 5pm. Each day we have volunteer shifts in the morning and afternoon. For public programs and events we sometimes have shifts in the evening.

Please mark the days and shifts you will be available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday		Saturday	Sunday
<b>9:30-1:00</b>						<b>10:00-1:30</b>		
<b>1:00-5:00</b>						<b>1:30-5:00</b>		
<b>Evening</b>						<b>Evening</b>		

Please check all of the volunteer areas you are interested in:

- Visitor Service
- Docent
- Public Programs/Events
- Education
- Exhibition

Why do you want to become an IMSS volunteer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever volunteered before? Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Please select your highest level of education:

High school       Trade/Vocational School       Associate Degree

Some College       College Degree       Masters Degree       Doctoral Degree

Name of School: \_\_\_\_\_ Major/Subject(s) Studied: \_\_\_\_\_

Year(s) attended: \_\_\_\_\_ Expected graduation date (if applicable): \_\_\_\_\_

Recent employment history:

	<b>Dates Employed</b>	<b>Position</b>	<b>Employer Name</b>	<b>Address</b>
<b>Current Employer</b>				
<b>Previous</b>				
<b>Previous</b>				

Please provide one reference:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

City/ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_



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I certify that all statements contained in this application are true and complete to the best of my knowledge. I understand that omission or misrepresentation of statements made may be grounds for rejection of this application or for dismissal for service if subsequently discovered.

I certify that I have at no time been convicted of a crime of theft, personal violence, or moral turpitude and have never been found liable for fraud or deceit.

I authorize investigation of all statements contained herein and of the references listed above to give you any and all information concerning my previous employment history and any pertinent information, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing same to you.

I expressly authorize you to apply in my name for a criminal background check for the protection of the public and staff.

In consideration of my service, I agree to comply with all rules, regulations, and policies of the International Museum of Surgical Science and the International College of Surgeons.

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