



MUSEUM VOLUNTEER PROGRAM BACKGROUND CHECK

BACKGROUND CHECK

Name: _____
 First Middle Last

Street address: _____

City: _____ State: _____ Zip: _____

Date of birth: _____

SSN: _____

Have you been convicted of a felony or a misdemeanor in the last five years? Yes No

If yes, please describe: _____

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of my personal and employment history. I understand that this background investigation will include, but not limited to, verification of all information and statements contained here. I understand that being a volunteer does not create any contractual obligations upon The Children's Museum of Memphis, now or in the future.

Applicant signature: _____

Parent or guardian signature if a minor: _____

Date: _____