



International Museum of Surgical Science

A Division of the International College of Surgeons

Application for Volunteer Services

You must fully and accurately complete this application. Incomplete applications will not be considered. Be advised that every applicant is required to give a certain level of commitment to the Museum.

Name: _____
 Last First Middle Initial

Address: _____

City/State/Zip: _____ Phone: _____

Email: _____

Commitment: _____ 3 months _____ 6 months _____ 12 months or more

We are open Monday through Friday 10am to 4pm and Saturday and Sunday 10am to 5pm. What days and hours will you be available to volunteer? _____

Volunteer position of interest? _____

Briefly state your reasons for wanting to become an IMSS volunteer: _____

Have you ever volunteered before? Please explain: _____

Education:

	Name of School	Years Attended	Graduated	Subjects Studied
High School				
College				
Trade School				

Employment History:

	Date: Month/Year	Name and Address of Employer	Position	Reason for Leaving
Current Employer	From: To:			
Previous Employer	From: To:			
Previous Employer	From: To:			

Which of these employers can we contact for a reference regarding your job performance, reliability and people skills? _____

Please provide two references:

Name: _____ Relation: _____

Address: _____

City/ Zip: _____ Phone: _____

Name: _____ Relation: _____

Address: _____

City/ Zip: _____ Phone: _____

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

I certify 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: _____