



# RACE: Discussion Circle Facilitator Application

**Personal Information:** Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_  
 Address (street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
 E-mail \_\_\_\_\_ Home or Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Are You 18 Years Old or Older? Yes  No

**Education:** Highest Level Completed  
 Middle School/Jr. High  High School  College  Graduate School  Doctoral

**Employment:** Please Check All that Apply  
 I am Currently: Employed  Unemployed  Retired  Student

**Previous/Current Volunteer Experience:**  
 Organization \_\_\_\_\_ Job Title \_\_\_\_\_  
 Responsibilities \_\_\_\_\_ Dates \_\_\_\_\_ - \_\_\_\_\_  
 Organization \_\_\_\_\_ Job Title \_\_\_\_\_  
 Responsibilities \_\_\_\_\_ Dates \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact:**  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**Please Read and Sign**  
 I certify that the facts contained in this application are true and complete to the best of my knowledge. I agree to comply with the policies and procedures, as well as safety practices, in all areas of the Putnam Museum and Science Center.  
 I authorize the Putnam Museum to check and verify all information on this application. In order to serve the best interest of Museum visitors, the Putnam Museum will conduct a criminal background check on all volunteers. I fully release references, employers and the Putnam Museum and from any liability resulting from the verification process.  
 I have read, or have had read to me, and understand the above statement.

\_\_\_\_\_  
 Applicant's Signature Date

\_\_\_\_\_  
 Parent or Guardian Signature (If Under 18 Years of Age) Date