

LOUISIANA CHILDREN'S MUSEUM

VOLUNTEER APPLICATION

<input type="checkbox"/> Adult Volunteer	<input type="checkbox"/> College Volunteer	<input type="checkbox"/> Youth Volunteer
Name _____	Date _____	
Address _____		

City _____	Zip Code _____	
Home Phone # _____	Pager/Cell _____	
Work Phone # _____		
Email _____		
Birthday _____		

If Applicable:

ô Place of Employment? _____

ô How long have you worked there? _____

ô Work Phone? _____

Type of Work: Please check area(s) of interest

Administrative Offices/Guest Services

Exhibits/Education Programs

Special Events

Describe the types of tasks you would enjoy _____

Availability:

When are you available to volunteer? (Full day shifts Monday through Saturday are 9:00-5; Half day shifts are 9:00-1:00/ 1:00-5; Sunday shift only 12-5)

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning	___	___	___	___	___	___	
Afternoon	___	___	___	___	___	___	___

Frequency:

___ Once a week ___ Twice a month

___ Other (please specify _____)

(***Volunteers of once a week or more can earn incentives such as free memberships and store discounts!!!!)

What skills can you share with the Museum? _____

What skills/experiences would you like to gain from the Museum? _____

Why are you interested in volunteering at LCM? _____

How did you learn about volunteering at LCM? _____

References: (for Youth Volunteers, please list adult, non-family references)

ô Please list two professional references that we may contact:

Name	Relationship	Phone
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1. _____

2. _____

Youth/College Volunteers Only:

School _____ Grade _____

Are you receiving school credits for community service hours? _____

I yes, how many hours are you required to complete? _____ By when? _____

Name and phone number of service coordinator at your school _____

THANK YOU FOR VOLUNTEERING AT THE LOUISIANA CHILDREN'S MUSEUM!!!!