

LOUISIANA CHILDREN'S MUSEUM
Student Volunteer Application 2012

Name _____	Date ____/____/____
Address _____	
City _____	Zip Code _____
Email: _____	
School: _____	
Home Phone Number _____	Cell _____

Background: To participate in the Louisiana Children's Museum volunteer program you must be 15 years old, and have finished your freshman year of high school.

- Birthday: ____/____/____
- Grade entered in the Fall of 2011: _____
- Are you participating in LCM's program to fulfill service hours? ___Y ___N
If so, please indicate the name of **your school** or organization: _____

Past Experience and Demonstrated Interest:

- Describe any relevant employment or volunteer experience: _____

- What particular interests or skills do you have that would make you a valuable asset to the LCM Volunteer Program? _____

- Please describe your interest in the LCM Volunteer Program: _____

- Have you volunteered at LCM before? ___Y ___N If so, when? _____

References:

Please list two professional references that we may contact:

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____

Louisiana Children's Museum
420 Julia St., New Orleans, LA 70130
(504) 586-0725, ext. 204; (504) 529-3666 (Fax)