

LOUISIANA CHILDREN'S MUSEUM  
**Student Volunteer Application 2017**

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Applicant Email \_\_\_\_\_  
Applicant Cell \_\_\_\_\_  
Birth date (dd/mm/yyyy) \_\_\_\_\_

**Background:** To participate in the Louisiana Children's Museum volunteer program you must be 15 years old or older, and have finished your freshman year of high school. You must commit to volunteering at least 50 hours within a year.

- Are you participating in LCM's program to fulfill community service hours? \_\_\_Y \_\_\_N  
If so, please indicate the name of **entity** or **organization** requiring hours. (Must provide if you will require a verification letter.)

\_\_\_\_\_

**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 why you are interested in participating 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/Organization	Email
1. _____	_____	_____
2. _____	_____	_____

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Parent or Guardian's Signature**