

Youth Volunteer Application

Youth Volunteers are 15-18 years old or high school freshmen through high school seniors. Submit completed form to volunteer@lcm.org or deliver to 420 Julia Street.



Contact Information

Name	
Street Address	
City & ZIP Code	
Home Phone	
Cell Phone	
Parent/Guardian Cell Phone	
Your Email Address	
Parent/Guardian E-Mail Address	

School: _____ **Current Grade:** _____ **Birthdate:** _____

School Contact for Service Hours (If Applicable):

Volunteer Roles: Tell us in which areas you are interested in volunteering (check all that apply):

- Camps (Summer and Holiday Break Camps; one week/40 hr. minimum for summer camps)
- Educational Programs (weekends and weekdays; 2 hour minimum per special program)
- Art Trek Studio (Minimum 1 Saturday per month and 4 hours per week for 6 weeks)

Tell us your dates of availability (Summer camps operate June 4-August 10 and run for one week each. Each student volunteer is REQUIRED to commit to at least ONE week of camp. For a full list of camp schedules visit www.lcm.org and reference attachment with summer camp schedule):

Have you volunteered at LCM before? Yes No
If yes, when & in what role?

Special Skills or Qualifications: Please attach a separate page for this. Explain your skills, interests, and relevant experiences in as much detail as possible and how you see these skills being used at the Louisiana Children's Museum. NOTE: Minimum words: 100; Maximum Words: 400 approximately.

Describe the special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports, school programs, or other extracurricular experiences that would make you a valuable asset to LCM. Please include personal interests as well such as musical or artistic abilities, fitness and sports skills, games, or other creative capabilities that you can share with children and families at LCM. Also include the following: What experience do you have working with young children? What do you find appealing about being at a children's museum? How would you describe your best assets?

REQUIRED: You must submit a recommendation letter from someone who is not a family member. This may include: a current or former teacher or administrator, coach, or boss; a neighbor or community leader who can testify to your character, interests, responsibility, leadership, respect, and reliability. Please list the person below who is writing your letter so we may contact them if necessary.

Name	Relationship/Organization	Email	Phone
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THE LETTER SHOULD BE EMAILED OR SCANNED WITH SIGNATURE TO VOLUNTEER@LCM.ORG WITH "LETTER OF RECOMMENDATION" IN SUBJECT HEADER. WE WILL CONTACT THEM IF WE HAVE FURTHER QUESTIONS.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Mobile/Home Phone	
Work Phone	
E-Mail Address	

PHYSICIAN CONTACT AND INFORMATION

Name of Primary Physician:
Contact Number for Primary Physician:

PLEASE LIST ANY ALLERGIES, MEDICAL CONCERNS, DIETARY RESTRICTIONS THAT OUR CAMP DIRECTORS AND LCM STAFF SHOULD BE AWARE OF DURING YOUR VOLUNTEER TIME WITH US:

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of LCM to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

THANK YOU! We Will Be In Touch!

We will contact you by phone and email to schedule an interview and orientation. Remember to contact your reference/recommendation letter writer to have them submit the letter of recommendation so that your application is considered complete. We will do our best to schedule you based on your interests and availability listed above. Thank you for your interest in working with children and families at LCM!!

Questions? Email volunteer@lcm.org.