



Adult Volunteer Application 2019

Background: To participate in the Louisiana Children’s Museum volunteer program you must agree to a background check and be approved via phone and/or in person interview before your first volunteer shift. If you have any questions about this requirement please reach out to volunteer@lcm.org.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Organization: _____

Do you need a service letter: _____

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

Are you able to commit to 40 hours of volunteering for the Museum? ___Y (more than one weekend) ___N (one event only)

Order the volunteer opportunities you are most interested in participating in. Please put a 1 next your most preferred, 2 next to your 2nd choice, and so on.

- ___ Camps (Summer and Holidays Breaks; one week/40hrs minimum commitment 8:30am-4:30pm)
- ___ Educational Programs (weekends; usually Saturdays/2hrs minimum per program 10am-3:30pm)
- ___ Art Trek Studio (minimum 1 Saturday per month and 4 hours per week for 6 weeks)
- ___ Administrative Assistance (weekends or weekdays; special event prep and organization)

Cover Letter

Describe any relevant employment or volunteer experience:

(Consider times where you have worked with children, worked in a group, or managed your own time. Please answer in complete sentences.)

What particular interest or skills do you have that would make you a valuable asset to the LCM volunteer program?

(Do you have an interest in STEM, the Environment, Health & Wellness, Literacy, Art, or Education? Please answer in complete sentences.)

What do you hope to achieve or gain from volunteering at LCM?

(Please answer in complete sentences.)

References

Please provide TWO professional references. **These references CANNOT be family members.** Please reach out to an employer, coworker, teammate, etc.

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

I certify that my answers are true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

Louisiana Children's Museum
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