



Student Volunteer Application 2019

Background: To participate in the Louisiana Children’s Museum volunteer program you must be 15 years old or have finished the first semester of your freshman year of high school. 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 _____

Guardian
Phone: _____ Email _____
School or
Organization: _____

Birthday: ____ / ____ / ____

Current Grade (9th-12th): _____

Do you need a service letter: _____

Have you volunteered with LCM before? ____Y ____N If so, when? _____ Were you a SuperStar Volunteer? _____

Are you able to commit to 40 hours of volunteering for the Museum? ____Y (week long camp) ____N (one event only)

Specify 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)

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 a teacher, coach, employer, 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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