



Youth Volunteers

14 -17 years of age

Requirements:
Copy of immunization record

Volunteer Application

It is the Children's Museum of Brownsville's Policy to make such checks as deemed appropriate on the suitability of any volunteer for the important responsibility of work involving children. It is our policy to treat volunteers with all of the consideration given professionals. All information provided by you is confidential and will be used solely for the purpose of assisting in providing you with the best volunteer experience possible.

Today's Date: _____

Name: _____

Last

First

Middle

Address: _____

Street City

State

Zip Code

Cell Phone: _____ Home Phone: _____

E-mail Address: _____

Please circle one: Male or Female Age: _____ Date of Birth: _____

IN CASE OF EMERGENCY PLEASE CONTACT:

Parent/Guardian Contact: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

EDUCATION

School Name: _____ Grade Level: _____

Extracurricular Activities (include sports, clubs, etc.): _____

Previous Work Experience: _____

Previous Volunteer Experience: _____

VOLUNTEER AVAILABILITY

Please select days and shift(s) available to volunteer.

Weekday mornings

Weekday afternoons

Saturdays

Sundays

Morning 10am-1pm

Afternoon 2pm-5pm

Evening 5pm-8pm (Birthday Parties only)

REFERENCES

Please list two references (no family members):

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

STUDENT SIGNATURE

I _____ certify that the above information is true and accurate to the best of my knowledge.

PLEASE SIGN _____ DATE _____