



Group Volunteer Application

You may fax, mail or e-mail this form to request a date and shift for your volunteer group. If the group is more than 25 volunteers, we will have to divide the group into two shifts. Group Volunteers assist the Children's Museum staff with family learning activities and may assist in exhibit areas on Saturdays, Sundays, holidays and during special events. Please request dates at least two or more weeks in advance to guarantee a date and time for your group

Name of Group/School: _____

Contact Person: _____

Daytime Phone: _____

Fax Number: _____

Address: _____

City: _____ **Zip Code:** _____

E-Mail: _____

Volunteer Dates: (please circle desired dates and times)

Saturday: Date Desired: ____/____/____ Time: 11 p.m. – 2 p.m. or 2 p.m. – 5 p.m.

Sunday: Date Desired: ____/____/____ Time: 12 p.m. – 6 p.m.

Special Date and Time: _____

(Must be approved by Volunteer Manager)

Number of Volunteers: _____

Volunteer aprons are provided to protect your clothing as well. Groups are allowed to wear school shirts along with a CMB volunteer sticker. Comfortable shoes are suggested. (We do not suggest sandals, flip flops or open-toed shoes.)

Your group reservation is not complete until you receive a confirmation letter from the Volunteer Manager.

**For more information please contact:
Erika Treviño, Operations Manager
Telephone 956-547-6884
Fax 956-504-1348
E-mail etrevino@cmofbrownsville.com**