

# YOUTH VOLUNTEER APPLICATION

## For Applicants Ages 12-17 Years Old



Name: \_\_\_\_\_  
Last First Middle

Individual Volunteer Group Leader Both (Name of Group): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other (specify): \_\_\_\_\_ E-mail: \_\_\_\_\_

### PERSONAL REFERENCES (students may use teachers and group leaders)

(1) Name and Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Other (specify): \_\_\_\_\_ E-mail: \_\_\_\_\_

(2) Name and Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Other (specify): \_\_\_\_\_ E-mail: \_\_\_\_\_

### EMERGENCY CONTACT

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Other (specify): \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Other (specify): \_\_\_\_\_

**REASON FOR VOLUNTEERING**

*Please check all that apply*

- Community service hours
- Extra time
- Service learning
- Court ordered
- Personal fulfillment
- Other \_\_\_\_\_
- Family/Friends are involved
- Professional development

How did you hear about Miami Children’s Museum? \_\_\_\_\_

What is the length of the commitment you wish to make? \_\_\_\_\_

How many hours per month/week do you wish to volunteer? \_\_\_\_\_

On the grid below please indicate the seasons and months you are available.

Spring	Summer	Fall	Winter	Year-round

On the grid below please indicate the day(s) and time(s) you are available.

	AM		PM	
	From	To	From	To
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

**Areas of interest at the MCM (please indicate all that apply):**

**Visitor Service Assistants:**  Guest Services  Retail Shop  Other: \_\_\_\_\_

**Gallery Assistants:**  School Tour Assistant  Exhibit/Activity Guide  Other: \_\_\_\_\_

**Office Assistants:**  Administrative Support  Special Events  Other: \_\_\_\_\_

**Technical Assistants:**  Exhibits Support  Information Technology  Other: \_\_\_\_\_

**Educational Prog. Assist:**  Birthday Party Assistant (Sat, Sun)  Summer/Holiday Camp  
 Program Development Assistant  Early Childhood Assistant  Teaching Assistant  Story Time Reader  
 Parent/Teacher Resource Center Aid  Other: \_\_\_\_\_

**SKILLS/TRAINING/EXPERIENCE**

- Arts and Crafts  Cooking/Nutrition  Fund-raising  Newsletter/Writing  Special Event  Musical
- Dramatic Arts  Education  Other (please specify) \_\_\_\_\_  Other (please specify) \_\_\_\_\_
- American Sign Language  Languages spoken: \_\_\_\_\_

Briefly explain why you want to volunteer at MCM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate your employment status.  Employed full time  Employed part time  Not employed

If employed:

Organization: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Other(specify): \_\_\_\_\_ E-mail: \_\_\_\_\_

Highest degree or level of school completed

- High School/ GED
- Some college /Associate Degree
- Bachelor's Degree
- Masters Degree
- Professional Degree (i.e. MD, DDS, JD)
- Doctorate degree (i.e. PhD, EdD)

Are you currently a student?  Yes  No School \_\_\_\_\_ Degree Program \_\_\_\_\_

Do you have past/other volunteer experience?    General?  Yes  No    With children?  Yes  No

Please list volunteer experience: \_\_\_\_\_  
\_\_\_\_\_

Do you have any special needs or limitations in order to volunteer? \_\_\_ If yes, Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand and fully acknowledge that, in volunteering for Miami Children's Museum, I am entering an AT WILL relationship and that this relationship can be terminated at any time by me or Miami Children's Museum for good cause, bad cause, or no cause at all.

I further understand that by signing this agreement, I give permission to contact my references or to conduct a criminal background check if deemed appropriate. It is my understanding that all information I have provided is true and complete to the best of my knowledge. I understand that giving false information can be grounds for immediate dismissal.

I understand that I may come in contact with sensitive client information and that this information is confidential and is not to be repeated.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_