

**The Children's Museum in Oak Lawn
Youth Volunteer Application
Ages 13-17**

We do not take court appointed hours.

Date:

Name (last) _____ (first) _____
Address _____ City _____
State _____ Zip Code _____ Cell Phone # _____
E-mail _____
Birth date (month/day/year) _____ Date you will turn 18 _____
Do you have any special needs? _____
Do you have any particular skills or interests you would like to share while you are volunteering?

Education

School name _____ Year in School _____
Clubs and Sports _____

Are you volunteering for service hours? YES / NO

If yes:

Name of school or organization _____
Number of Service Hours Needed _____

Emergency Contact

Name: _____ Relationship: _____
Phone _____ E-mail _____
The signature of a parent or guardian is required before you can volunteer.
I am giving permission for my child to volunteer at the Children's Museum in Oak Lawn.
Signature _____ Date _____
Name _____

You are responsible for keeping track of your hours on the back of this form and in the sign in book.

I understand I am here to volunteer at the museum. I will follow museum rules and staff direction. I cannot use my cell phone while volunteering. I am here representing my school/organization and any misconduct or issues will be reported to my school/organization I am representing.

I understand that if I fail to follow the museum rules my guardians will be notified and I will be sent home.

Volunteer signature _____

To be filled out by museum staff:

Date of orientation _____ Orientated by _____

Please mark time in increments of 15 minutes.

DATE	TIME IN	TIME OUT	TOTAL

Staff, please draw a line under the row of the dates you are validating and initial.