

Youth Volunteer Application

Date: _____

Name: _____
First
Middle
Last

Address: _____

E-mail: _____

Home Phone: _____ Age: _____

Birth date: _____

School: _____ Grade: _____

Special Interests/Obligations (Including hobbies, current employment, volunteer activities or other)

Check the volunteer position (s) in which you are interested: *See Areas of Opportunity page at <http://www.annistonmuseum.org/pages/?pageID=36> for descriptions*

Live Animal Care
 Special Events Assistant
 Gardens and Grounds
 Discovery Room Facilitator
 Programs Assistant

Please check the days you are available to volunteer:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							

Hours per week you could be available to work: _____

***L.A.B. work not available in the afternoons after 2PM Mon.-Friday**

Please list any physical limitations that should be considered in volunteer assignments:

Personal references

	Name	Address	Phone
1.	_____		
2.	_____		

I agree to volunteer my services for the Anniston Museum of Natural History and understand that I am not an employee. I understand that I will receive training and supervision from the Museum and must abide by standards and policies of the Anniston Museum of Natural History.

Signed _____ Date _____
Volunteer

Signed _____ Date _____
Parent or Guardian