

# Youth Volunteer Application

\_\_\_\_\_  
Youth Volunteer Name                      Age (Youth volunteers should be ages 13-16)                      Date of Birth

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Email Address                                              Phone number

**How did you learn about the Youth Volunteer program at the LCM?**

My family has a membership     Social Media     Other: \_\_\_\_\_  
 By attending the museum                       School  
 A friend told me about it                       Website

**Why are you interested in Volunteering at the Lincoln Children's Museum?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you volunteered at the Lincoln Children's Museum before?    Yes    No

**SKILLS & INTERESTS:**

List any experiences working/volunteering with children and/or adults.

\_\_\_\_\_  
\_\_\_\_\_

List any special skills, interests, certifications or language skills that could enhance museum guest experience.

\_\_\_\_\_  
\_\_\_\_\_

**Non-family reference** (teacher, coach, church, etc.)

\_\_\_\_\_  
Name                                              Relationship to you                                              Email

**SCHEDULING:**

Mark the areas of the Museum you are most interested in:

Camps\_\_\_ Exhibits/Floor\_\_\_ Special Events\_\_\_

Mark the preferred days you would like to volunteer.

Monday\_\_\_ Tuesday\_\_\_ Wednesday\_\_\_ Thursday\_\_\_ Friday\_\_\_

Mark the preferred shift you would like.

8 a.m.-12 p.m. \_\_\_ 12:30 p.m.-5 p.m. \_\_\_ Both \_\_\_

Any anticipated days off (summer vacation, other commitments, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact:**

\_\_\_\_\_  
Name Email

\_\_\_\_\_  
Relationship to you Phone number  
Email

*I have read and understand the expectations of a youth volunteer and will conduct myself appropriately as a representative for the Lincoln Children's Museum.*

\_\_\_\_\_  
Youth Signature Youth Printed Name Date

\_\_\_\_\_  
Parent/Guardian Signature Parent/Guardian Printed Name Date

**Circle your T-shirt size and whether you need Youth or Adult size**

S M L XL XXL

Adult Size Youth Size

**I would like to pay the \$75.00 processing fee by (Circle one):**

Cash Check Credit Card

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
Exp. Date \_\_\_\_\_ 3 or 4 digit code

\_\_\_\_\_  
Name on Credit Card