

Louisiana Children's Discovery Center 2018 Jr. Volunteer Program

113 North Cypress St. Hammond, LA 70401



LOUISIANA CHILDREN'S
DISCOVERY
Center

Please complete this application form if you are interested in becoming a member of the Louisiana Children's Discovery Center's Junior Volunteer Program. Mail the form along with the \$100.00 payment by May 25, 2018.

Personal Information

Please enter the following information about yourself so that we may get in touch with you.

First name _____ Nickname _____

Last name _____

Street address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Email address _____

Date of birth _____ Age _____

School _____

Last grade completed _____

Availability

The LCDC is open 10:00 a.m. - 6:00 p.m. Tuesday – Saturday and on Sundays from 1:00 p.m. – 6:00 p.m. Please circle the **days** you are usually available to volunteer.

| Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------|-----------|----------|--------|----------|--------|
|---------|-----------|----------|--------|----------|--------|

Personal Interests

Please let us know about your hobbies, special interests, and any honors or awards that you have received.

Previous Experience

Tell us about where you have volunteered or worked with children before.

Tell us why you want to volunteer at the LCDC and what your expectations are.

Required Hours

Does your school or any other program you are participating in require volunteer hours? How many hours are required?

References

Please include the information for two **unrelated** adults that we may contact.

Name (first/last) _____

Phone _____

Email _____

Name (first/last) _____

Phone _____

Email _____

Please Read and Sign

I release the LCDC from any liability whatsoever. I understand that I will not be paid or otherwise compensated for my services as a volunteer. I agree to abide by any and all museum policies and understand that if I do not abide by the museum policies, rules, and regulations, I may be dismissed from my position as a volunteer. While wearing the LCDC shirt provided, I will conduct myself as a positive role model in the community.

Volunteer's Signature _____

T-Shirt size _____

Parent/Guardian Information

Name (first/last) _____

Phone _____

Email _____

Relationship _____

Emergency contact number _____

Please list any medications or medical conditions that may need to be communicated to emergency personnel. _____