



Louisiana Children's Discovery Center
 113 North Cypress St. Hammond, LA 70401

2017 Jr. Volunteer Program

LCDC Jr. Volunteer training ----- June 13-16, 2017 ----- 2:00 p.m. – 4:30 p.m.
 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 \$75.00 payment by June 2, 2017.

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 to volunteer

The LCDC is open 10:00 a.m. - 5:00 p.m. Tuesday – Saturday and on Sundays from 1:00 p.m. – 5:00 p.m. Volunteer shifts typically range 2-4 hours. Please circle the **days** and **times** you are interested in volunteering.

Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10:00 – 12:00	10:00 – 12:00	10:00 – 12:00	10:00 – 12:00	10:00 – 12:00	
12:00 – 2:00	12:00 – 2:00	12:00 – 2:00	12:00 – 2:00	12:00 – 2:00	1:00 – 3:00
2:00 – 4:00	2:00 – 4:00	2:00 – 4:00	2:00 – 4:00	2:00 – 4:00	3:00 – 5:00

113 North Cypress Street
 Hammond, LA 70401

tel 985.340.9150
 fax 985.340.9156

www.lcdcofhammond.org

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.

How did you hear about us?

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 (Please circle) **Adult:** **Small** **Medium** **Large** **X-Large**

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. _____