



Date Submitted: _____

London Regional Children's Museum
Volunteer Application Form - Youth (Under 18)

Personal Information

_____ First Name	_____ Last Name
_____ Address	_____ City, Postal Code
_____ Telephone	_____ Email address
_____ High School	_____ Grade
_____ Age	_____ Birthday

Emergency Contact Information

_____ Name	_____ Relationship
_____ Telephone (home)	_____ (work)
If you would like to identify any health conditions or allergies that could assist staff in responding to a personal health emergency, please do so below: _____ _____	

Do you enjoy working with children?

Yes No

Availability

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening	-----	-----	-----	-----		-----	-----

School Year (September - June)

Both

Summer (July-August)

Why are you interested in a volunteer position at the London Regional Children’s Museum?

Do you have any special skills/talents that you can bring to your volunteer assignment? (ie: balloon animal making, magic tricks, sewing, musical talents, etc.)

Which volunteer position are you interested in?

- Welcome Stations (greeting visitors through the Museum, answering questions, displaying and explaining collection pieces to families)
- Birthday Party Host (assisting staff with the set-up delivery and clean-up)
- Gallery Hosting (welcoming visitors, answering questions, assisting with crafts and activities in the galleries)
- Customer service (assisting at the admissions desk and in the Explore Store)
- Collections (helping to catalogue, store, care for and display artifacts)
- Exhibits (helping to build and set up permanent and temporary exhibits)
- Sewing (making and mending costumes and props)
- Maintenance (cleaning, painting, carpentry, electrical work)

Experience

Please list your work and/or volunteer experience. (Resume can replace this section). Starting with the most recent experience, state the **organization**, list and describe your **responsibilities** or **relevant skills used**.

1. -----

2. -----

3. -----

Parent/Guardian – Please describe why your child would be suitable for this position.

Volunteer Signature: _____
Parent/Guardian Signature: _____

Date: _____
Date: _____

REFERENCE FORM

An individual other than a family member who is familiar with the applicant's personal achievements and goals should complete this form.

_____ (Applicant's Name) is applying to volunteer at London Regional Children's Museum.

1. How long have you known the applicant? _____

2. In what capacity? (ie: teacher, coach, babysitter, etc.)

3. In your opinion, what are the applicant's strongest skills?

4. In your opinion, what skills do the applicant need to develop?

5. How would you describe the applicant based on the following criteria?

Excellent Good Fair Poor N/A

Reliable
Friendly
Outgoing
Organized
Responsible
Trustworthy

Reference's Name: _____

Reference's Address: _____

Reference's Phone Number: _____

Reference's Email: _____

Reference's Signature: _____ Date: _____

Please return this form to the applicant.

Please remember that volunteering, though unpaid, is a serious commitment. As such, please treat the application and interview process like you would treat a job interview.

We collect this information in order to administer your volunteer application and provide you with information about Children’s Museum program and fund development activities. The Children’s Museum does not trade, sell or otherwise share personal information with others. If at any time you wish to be removed from our list contact us at 519-434-5726 and we will gladly accommodate your request.

The above information is accurate and correct to the best of my knowledge. I give the London Regional Children’s Museum permission to contact my references. I realize that London Regional Children’s Museum is not obligated to provide me with a volunteer placement, nor am I obligated to accept any position that is offered to me. Applications that are not completed in their entirety will not be considered.

Signature: _____ Date: _____
Parent/Guardian of Volunteer

Signature: _____ Date: _____
Volunteer

Shining Stars Volunteer Program Generously Supported by:



**Please return completed volunteer application to:
Craig Munro, Community Resource and Events Manager
London Regional Children’s Museum
21 Wharncliffe Road South
London, ON N6J 4G5
Phone: 519-434-5726
Fax: 519-434-1443
Email: craig@londonchildrensmuseum.ca**