



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 (dd/mm/yr)
_____	_____

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

- School Year (September – June)
- Summer (July-August)
- Both
- Special Events Only

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, face-painting, etc.)

Which volunteer position are you interested in?

- Gallery Host (act as a host in galleries, answer visitor questions)
- Birthday Party Host (assisting staff with the set-up delivery and clean-up)
- Customer service (assisting at the admissions desk and in the Explore Store)
- Marketing (creating newsletters and flyers; designing bulletin boards)
- 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: _____

Date: _____

Parent/Guardian Signature: _____

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outgoing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reference's Name: _____

Reference's Address: _____

Reference's Phone Number: _____

Reference's Email: _____

Reference's Signature: _____ Date: _____

Please return this form to the applicant.

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:

Jen Fraser Volunteer Manager

London Regional Children’s Museum

21 Wharncliffe Road South

London, ON N6J 4G5

Phone: 519-434-5726

Fax: 519-434-1443

Email: jen@londonchildrensmuseum.ca