

LOUISIANA CHILDREN'S MUSEUM  
Adult Volunteer Application 2018

Name _____	Date ____/____/____
Address _____	
City _____	Zip Code _____
Applicant Email _____	
Applicant Cell _____	Work Phone _____
Birth date (dd/mm/yyyy) _____	

**Background:** To participate in the Louisiana Children's Museum volunteer program you must agree to a background check and be approved via phone and/or in person interview before your first volunteer shift.

- Are you participating in LCM's program to fulfill community service hours? \_\_\_Y \_\_\_N  
If so, please indicate the name of **entity** or **organization** requiring hours. (Must provide if you will require a verification letter.)

\_\_\_\_\_

**Past Experience and Demonstrated Interest:**

- Describe any relevant employment or volunteer experience:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What particular interests or skills do you have that would make you a valuable asset to the LCM Volunteer Program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Please describe why you are interested in participating in the LCM Volunteer Program:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Have you volunteered at LCM before? \_\_\_Y \_\_\_N If so, when? \_\_\_\_\_

**References:** Please list two professional references that we may contact:

Name	Relationship/Organization	Email
1. _____	_____	_____
2. _____	_____	_____

**Are you able to commit to 50 hours of volunteering for the Museum?** \_\_\_Y \_\_\_N (one-time opportunity)  
Please list the opportunity that interests you most (program implementation, exhibit facilitation, Art Trek, inner office assistance):

\_\_\_\_\_