

## Applicant Personal Information

### Complete applications require:

- An online Youth application, available at [www.mcm.org/support-the-museum/volunteer](http://www.mcm.org/support-the-museum/volunteer)
- **One** completed Parent Permission Form
- **One** completed Volunteer Reference Form

*Send completed applications by Friday, April 30<sup>th</sup> to:*

*Volunteer Services  
Minnesota Children's Museum  
10 West 7th St.  
Saint Paul, MN 55102  
Fax 651-225-6006*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Preferred Phone \_\_\_\_\_ This number is  Home  Cell  Other

Secondary Phone \_\_\_\_\_ This number is  Home  Cell  Other

Preferred Email address \_\_\_\_\_

Do you check this email address at least once per week?  Yes  No

### Interview Times

All applicants will attend one group interview session. Please indicate your first, second, and third choice.

If none of the times below work for you, please contact us.

Saturday, May 15<sup>th</sup>  
 \_\_\_\_\_ 10:00am to 10:45 a.m.  
 \_\_\_\_\_ 11:00am to 11:45 a.m.  
 \_\_\_\_\_ Noon to 12:45 p.m.

Saturday, May 22<sup>nd</sup>  
 \_\_\_\_\_ Noon to 12:45pm  
 \_\_\_\_\_ 1:00pm to 1:45pm  
 \_\_\_\_\_ 2:00pm to 2:45pm

### Group Training

All applicants will attend **mandatory** group training. The trainings will be held on the dates and times listed below at the Museum. Please indicate which training session you will be available to attend. If you're available for both, choose one. If neither of the times below work for you, please contact us.

\_\_\_\_\_ Saturday, June 5<sup>th</sup>: Noon to 5:00pm    \_\_\_\_\_ Saturday, June 12<sup>th</sup>: 9:00am to 2:00pm

# Parent Permission Form

Please fill out this section with your parent/guardian:

## Support and Permission

I understand the conditions under which my child will be volunteering, and I agree to support my child's application for participation in this program. If accepted, I will see that he/she attends the required orientation and training; attends all scheduled shifts (unless illness or a family emergency occurs); and adheres to the program policies and procedures. I understand that Minnesota Children's Museum is not responsible for my son/daughter when he/she is not in the Museum or before and after his/her scheduled shift.

I certify that the answers to the foregoing questions and statements are true, correct and without omissions. I authorize Minnesota Children's Museum to investigate and or verify the foregoing information, and any other information, which might assist them in determining my child's qualifications for volunteering. I further agree to comply with the policies and procedures, as well as safety practices in all areas of Minnesota Children's Museum. I understand that my child's volunteer status may be terminated at any time for failure to comply with policies and procedures of Minnesota Children's Museum including those of the volunteer program; for absence without notification; for reasons of unsatisfactory attitude, work, personal appearance, and or for any other circumstances which, in the judgment of Minnesota Children's Museum, would make my child's continued service as a volunteer contrary to their best interests. Any person who gives false information will be subject to immediate dismissal from the volunteer program.

## Medical Emergencies

In case of serious accident or illness when I, the applicant's parent/guardian, cannot be reached, I hereby authorize Minnesota Children's Museum to seek medical attention for the applicant in accordance with American Red Cross first aid guidelines.

## Youth Volunteer Expectations

We (*youth and parent/guardian*) understand that becoming a volunteer is a serious commitment. We understand that acceptance into the Youth Volunteer Program at Minnesota Children's Museum is contingent upon our agreement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Questions? Contact us at 651-225-6046 or [volunteers@mcm.org](mailto:volunteers@mcm.org)

## Volunteer Reference Form

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Applicant Name: \_\_\_\_\_ is applying for a position on the Summer Youth Squad, a teen volunteer team at Minnesota Children's Museum, and would like you to serve as one of their references. If accepted, he/she will assist with a wide variety of tasks and activities, ranging from direct interaction with Museum visitors to basic administrative tasks. He/she will work both independently and as part of a team for a minimum of two weeks during the summer.

**In order to protect the confidentiality of references, please mail forms directly to Volunteer Services by Friday, April 30<sup>th</sup>.** Applications are not complete until reference forms have been received. If you have any questions, please contact us at 651-225-6046 or [volunteers@mcm.org](mailto:volunteers@mcm.org). Thank you in advance for your assistance.

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 Fax 651-225-6006*

### Reference information

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail address \_\_\_\_\_

1. How do you know the applicant and for how long have you known him/her?

2. Based on your experience with the applicant, please rate him/her in the following categories:

	Excellent	Good	Fair	Poor
Follow-through on commitments				
Dependability				
Willingness to work				
Conduct				
Attitude				
Maturity				
Social Skills				

