



TEEN VOLUNTEER APPLICATION

Date ____/____/____

Name _____

Address _____

City _____ Zip _____ Email _____

Home Phone _____ Cell Phone _____

Date of Birth _____ School _____

Best way to contact me: Email Home Phone Cell Phone Text

Please indicate Volunteer Opportunities of interest to you:

- | | |
|--------------------------------|-------------------------|
| _____ Museum Docent | _____ Community Liaison |
| _____ Arts & Crafts Volunteer | _____ Office Aide |
| _____ Birthday Party Volunteer | _____ Photographer |
| _____ Special Events | _____ Other _____ |

Special interests, hobbies, skills and talents:

Availability: Please fill in the times you are available on the given days below.

AM-9:30-1:30 PM-1:30-5:30	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
TIME	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

List any health or physical restrictions: _____

Parents: If you are wondering if your teen is ready for this program please see our expectations below:

- To stay on Museum property at all times during a scheduled shift.
- Use of cell phones only in an emergency or while on break.
- Be professional and respectful to Museum guests, staff and fellow volunteers.
- Arrive at and depart from the Museum without adult supervision.
- Follow all directions and instructions for the shift or event they are assigned.
- Communicate clearly, professionally and in a timely manner via email or phone.
- Exhibit appropriate social behavior with other teens while on property as they are representing the Schoolhouse Children’s Museum and its staff.
- Follow the Museum’s dress code.

Additionally, parents must provide transportation arrangements for teens scheduled to volunteer.

In case of emergency, notify: Name _____

Phone: _____ Relationship: _____

I, _____, understand that volunteering is a **responsibility and a commitment**. I will complete assignments and tasks to the best of my ability. I understand that not fulfilling my commitment could result in my being released. I will respect all other volunteers, employees, and visitors to the Museum. I will do my best to be a good representative of the Museum.

As part of normal procedure for processing applications, the Schoolhouse Children's Museum conducts background checks on potential volunteers. A signed authorization and consent for release of personal information form is required to be included with this application. I understand and agree that all information furnished in this application may be verified by the Schoolhouse Children's Museum.

Date of Birth ____/____/____ Social Security Number ____/____/____

I have read the information above, understand it fully and authorize a background screening.

Applicant's Signature: _____ Date: _____

Parent/Guardian's Name: _____

Guardian's Signature: _____ Date: _____

Guardian's Phone Number: _____

SIGNED AFFIDAVIT

The undersigned hereby releases the city of Boynton Beach, Florida and the Boynton Cultural Centre, Inc. for any injury or damages incurred as a result of the exercise of _____'s duties as a volunteer worker for said municipality, and further agrees to hold the City of Boynton Beach, Florida and the Boynton Cultural Centre, Inc., harmless for any claims or damages incurred as a result of his/her actions.

Date _____

Volunteer Signature

Minor's parent/guardian signature

Please return this form, along with 2 letters of reference from non-family adults and proof of minimum "C" grade average to:

Schoolhouse Children's Museum & Learning Center
129 East Ocean Avenue
Boynton Beach, FL 33435
Attn: Operations Coordinator