

The Children's Museum In Easton

Date _____

Museum Mentor

Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone _____

E-mail: _____ Parent's Work Phone: _____

School you currently attend: _____ Grade: _____

Have you volunteered at the Museum before? Y N

Have you volunteered anywhere else? Y N If yes, please describe your responsibilities and activities there _____

Do you have any experience working with children? If yes, please describe _____

What do you feel you have to offer the staff at the Museum and the children who come here to learn? _____

Do you participate in any after school activities (sports, clubs, band)? _____

Do you have any hobbies or interests? _____

Parental Consent

I, the undersigned, certify that my child is sincerely interested in being a volunteer in the Children's Museum's Junior Volunteer Program. I give my full consent for their participation, and I am willing to work with the Children's Museum Staff to help my child achieve the full benefits of volunteering.

Parent's Signature

In addition to this form, please:

Return TWO references from adults not related to you such as a teacher, coach, someone you babysit for, etc.

Fill out a schedule form listing your availability.

Both forms can be found on the Museum's website:
www.childrensmuseumineaston.org/museum-mentor-program/