Museum Use:	
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Volunteer Manual	



columbus museum.com

## STUDENT VOLUNTEER APPLICATION

Thank you for your interest in The Columbus Museum's Volunteer/Student program. Students must be at least 15 years old to apply. They must complete and return form prior to beginning service hours.

Name		Date		
Address	Zip	Phone		
AgeBirth date	Year in School	School		
E-mail address		Cell Phone#		
In case of emergency notify	: Name			
Work # Home #	Relationshi	p		
What days/times are you available to work?				
How many service hours do you need?				
When are your service hours due for school?				
Please indicate any days/dates that are not good for your schedule.				
Please list any other organizations that you have volunteered for or prior work experience.				

The Columbus Museum relies heavily on the support of our volunteer staff. We know you will take your commitment seriously. We appreciate you considering The Columbus Museum!

As a Youth/Student Volunteer, it is important to be prompt for your shift and do your work with courtesy and consideration for patrons, other volunteers, and staff. Do you agree to accept your assignment, perform your work carefully, and abide by The Columbus Museum's rules and regulations?

Signature of Applicant	Date	
hereby certify that all information my knowledge. I understand that	on given on this applica at this student will be re see that he/she is promp	serve at The Columbus Museum. I ation is true and correct to the best of equired to work service hours at The of and ready to work the schedule
I hereby give my permission for Columbus Museum.	r my son/daughter/ward	I to join the volunteer staff of The
Signature of Parent/Guardian	Date	

Please return this application to:

The Columbus Museum
Attn: Brooke Starling
1251 Wynnton Road, Columbus Georgia 31906
(706) 748-2562 ext. 2119

Go Green: Send via e-mail – <u>bstarling@columbusmuseum.com</u>