



Youth Volunteer Application (Ages 11-17)

I am (check one): Youth Volunteer (ages 15 - 17)
 Family Volunteer: Please attach Adult Volunteer's application(s) (ages 11-14 with parent) and submit together.

Name: _____ Age: _____ Birthday (M/D/Y): _____
Last First MI

Address: _____ City: _____ State: _____ Zip: _____

Phone: (H) _____ (Cell) _____ Email: _____

Name of Parents/Guardians: _____

Emergency Contact: _____ Circle one: Parent Guardian Other _____

Phone: (H) _____ (W) _____ (Cell) _____ Email: _____

(Use the back or attach separate sheets of paper if necessary to fully answer the questions.)

Do you have any health limitations that could affect your volunteer assignment? Yes No If yes; please explain: _____

School: _____ Current Grade: _____ Do you have your own transportation? _____

Are you **required** to serve a minimum number of volunteer hours for school or otherwise? Yes Number of Hours: _____ No

Special Achievements/Awards: _____

Extracurricular Activities/Interests/Hobbies: _____

Previous paid/volunteer experience: _____

Any other experience dealing with the public: _____

How did you learn about our volunteer program? Be Specific: _____

Why are you interested in being a volunteer? _____

The following Volunteer opportunities are available, and most Volunteers will learn and perform at least two of the following. Please indicate your preference by numbering the opportunities in your order of preference (1, 2, 3):

____ Docent – Learning historical and exhibit material for interpretation to the public; sharing responsibility of giving tours per the public daily schedule, and to private educational groups as scheduled; also learns Gift Shop Services

____ Gift Shop Services – Learning customer service and basic retail functions, especially as applied within a public history space

____ Enchanted Garden – Helping to maintain the beauty of the Enchanted Garden through planting, weeding, watering, and other general tasks

**Please let us know if you have other areas of interest within the Museum.

**Please mark you availability to volunteer at the Edgar Allan Poe Museum on the chart below:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00 - 11:00 am							
11:00 - 1:00 pm							
1:00 - 3:00 pm							
3:00 - 5:00 pm							

Parent/Guardian Permission

I have read my son/daughter _____'s completed application and he/she has my permission and support to participate as a volunteer at the Edgar Allan Poe Museum.

Youth Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____