



1707 NE Indian River Drive
Jensen Beach, Florida 34957

Mailing Address: P.O. Box 2147
Stuart, Florida 34995

772.225.7575 Ext 201

Teen Volunteer Application

The mission of The Children's Museum of the Treasure Coast is to offer children and families a place to explore and learn through hands-on activities, educational programs and cultural experiences. The Children's Museum is dedicated to providing a safe, state-of-the-art environment where curiosity and self-confidence are fostered.

Last Name:		First Name:		Middle Name:	
Address:		<i>City</i>		<i>State</i>	<i>Zip Code</i>
Home Phone Number			Alternate/Cell Number:		
Mother's Name:			Mothers Phone Number:		
Father's Name:			Fathers Phone Number:		
Name of School:					
Grade Level:					
Age:		Date of Birth:		Sex:	
				<i>Male</i> <input type="checkbox"/>	
				<i>Female</i> <input type="checkbox"/>	
Email address:					
Previous/ Current Volunteer Experience:					
Special Skills/ Hobbies/Clubs/Interests:					

VOLUNTEER AVAILABILITY:

Please indicate the days and times you are available (for example: Monday from 9am-1pm).
Volunteer shifts are as follows: M-F 9:00-1:00, 1:00-5:00 or 9:00-5:00, Sat 10:00-1:00, 1:00-4:00 or 10:00-4:00, Sun 12:00-4:00.

Monday: _____ to _____ Tuesday: _____ to _____

Wednesday: _____ to _____ Thursday: _____ to _____

Friday: _____ to _____ Saturday: _____ to _____

Sunday: _____ to _____

Are you interested in volunteering during

_____ Weekends _____ Winter Break _____ Spring Break
_____ Summer _____ Special Events _____ Summer Camp

_____ I authorize my child to leave the premises for lunch.

_____ I do not authorize my child to leave the premises for lunch.

_____ I authorize my child to assist with an outreach program off the museum premises.

_____ I do not authorize my child to leave the museum premises.

I have received a copy of the volunteer manual and understand everything that I have read.

Volunteer signature

Date

Parent's Name

Parent Signature

Date

