



Youth Volunteer Application

Please return this Application, with signature of parent or legal guardian to the Volunteer Coordinator at 110 N. Harrison Ave.; Lafayette, CO 80026.

PERSONAL CONTACT INFORMATION:

Name: _____

Nickname: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Work Phone: _____

EMERGENCY CONTACT INFORMATION: (info of parent or legal guardian)

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Work Phone: _____

EDUCATION:

School Name: _____ Grade: _____

VOLUNTEER AVAILABILITY: (please circle available times)

Monday mornings/afternoons	Thursday mornings/afternoons	Sunday mornings/afternoons
Tuesday mornings/afternoons	Friday mornings/afternoons	afternoons
Wednesday mornings/afternoons	Saturday mornings/afternoons	

Comments on Availability: _____

HOW DID YOU HEAR ABOUT VOLUNTEERING AT WOW?

<input type="checkbox"/> Family	<input type="checkbox"/> Museum Member	<input type="checkbox"/> Work
<input type="checkbox"/> Friend	<input type="checkbox"/> Museum Staff	<input type="checkbox"/> Volunteer Connection
<input type="checkbox"/> Museum Visit	<input type="checkbox"/> Museum Volunteer	<input type="checkbox"/> Volunteer Match
<input type="checkbox"/> Museum Website	<input type="checkbox"/> School	<input type="checkbox"/> Other: _____

Did you hear about us from a Museum Volunteer or Staff Person? _____

Are you related to a Museum Volunteer or Staff Member? _____

Are you a Museum Member? Yes No

AREAS OF INTEREST: (please mark any area that may be of interest to you)

<input type="checkbox"/> Science	<input type="checkbox"/> Art	<input type="checkbox"/> Sewing/Costume
<input type="checkbox"/> Music	<input type="checkbox"/> Storytime	
<input type="checkbox"/> Birthdays	<input type="checkbox"/> Exhibits	

RELEASES:

Image and Performance Release

I hereby grant to WOW! Children's Museum the rights to use my image, interview/performance(s) or music for Museum exhibit displays, associated educational programs, and/or marketing and public relations.

Release from Liability

By signing this release, you waive your right, and the right of any Minor Child Participant you represent, to hold WOW! Children's Museum (the "Museum") and its trustees, officers, employees, volunteers, independent contractors, representatives, and agents (the "Museum People"), liable for any injury or loss suffered by you or the Minor Child Participant during volunteer work with the Museum. This means that by signing this Release of Liability, you, and the Minor Child Participant you represent, give up the right to make demand upon the Museum and the Museum People for payment of any damages suffered by you or the Minor Child Participant during volunteer work with the Museum, whether such damages are caused by physical injury, loss of property, acts of a third party, or any other case whatsoever.

By signing this application, you agree to release the Museum from all liability pursuant to the paragraph above. If you also are the legal guardian of a Minor Child Participant, you represent that you and the parent or legal guardian of the Minor Child Participant, whose name is

_____, and that you are acting in that capacity when you release the Museum and the Museum People, as set forth in this agreement, from any liability for any damage or injury suffered by the Minor Child Participant while participating in the Museum's volunteer program.

Full name of parent/legal guardian: _____ Date: _____

SIGNATURE AND VERIFICATION:

I certify that the information provided in the Volunteer Application is true and correct, and that I have read and understood this Application. I freely and voluntarily agree to all of the conditions and responsibilities listed herein both for myself and on behalf of any minor children listed below.

Signature of Applicant

Date

Signature of Parent/Legal Guardian, if under 18

Date

WOW! Children's Museum is a 501C-3 non-profit.
We are located at 110 N. Harrison Ave., Lafayette, CO.
For more information about our Volunteer Program,
please call 303-604-2424, go to www.wowmuseum.com,
or email us at wowmuseumvolunteers@gmail.com.