



THE  
**children's MUSEUM**  
AT LA HABRA

Office use only

301 South Euclid St., La Habra, CA 90631 562-905-9793 Fax 562-905-9698

Start Date
Skills
Emergency

**Applicant**

Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Parent(s)/Guardian(s) (if under 18 yrs. of age)

Name: Mother \_\_\_\_\_ Father \_\_\_\_\_

Street Address \_\_\_\_\_

City, Zip, State \_\_\_\_\_

**Phone**

Home: _____	Cell: _____
-------------	-------------

E-Mail Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Minimum Commitment**

*\*Volunteers must maintain 5 hours a month unless project or position requires otherwise.*

Do you need Community Service hours for a school or club? Yes No

How many hours do you need? \_\_\_\_\_ When do you need them by? \_\_\_\_\_

*When are you available to volunteer?*

**\*Tuesday-Friday:** There are after-school opportunities until 4:30pm.

Please write in the time you are available to arrive on the days that work well for you.

<b>Tuesday</b>	<b>Wednesday</b>
<b>Thursday</b>	<b>Friday</b>

**\*Saturday-Sunday:** Please circle whether you are available in the morning, afternoon, or both.

<b>Saturday</b> am    pm	<b>Sunday</b> am    pm
--------------------------	------------------------

**Activities/Skills**

**Have you volunteered for other organizations?**

Organization

Position

Year

**Can you speak or write another language?**

Language(s):

Speak

Write

Language(s):	Speak	Write

**Why would you like to volunteer at the Children's Museum at La Habra?**

*We would like to use your skills to the best of our ability.*

**Are there unique skills you can bring to the Volunteer Program?**

**Are there any skills or interests you would like to develop?**

**List previous experience you've had with children and age group:**

**How did you hear about the Volunteer Program at the Children's Museum?**

## References

### Personal

Please list someone who has known you for at least 2 years and is not immediate family.

*For example: Neighbor, Teacher, Coach*

Name:	Relationship:	Phone:
Address:	E-mail:	Position (Work or Volunteer)

### Professional

Please list someone you have reported to or who has supervised you.

*For example: Employer, Volunteer Supervisor, Scout Leader*

Name:	Relationship:	Phone:
Address:	E-Mail:	Position (Work or Volunteer)

Reason for leaving? \_\_\_\_\_

May we contact your references? Yes \_\_\_\_ No \_\_\_\_

I hereby certify that all statements in this application are true and complete and that any misstatement or omission of material fact may be justification for rejection of my application and removal of my name from an eligibility list and/or dismissal from volunteering at the Children's Museum at La Habra.

I have been informed and understand that the City of La Habra **does not** provide workman's compensation insurance for Volunteers.

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_

\_\_\_\_\_  
Please print your name.

\_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Please print your name.

***Parent/Guardian signature required for Volunteers under 18 years of age.  
\*Please submit your application before or on the day of your Orientation.\****