



## HIGH SCHOOL VOLUNTEER APPLICATION

### PERSONAL INFORMATION

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

Contact #: \_\_\_\_\_

Email: \_\_\_\_\_

Parent Contact \_\_\_\_\_ Phone: \_\_\_\_\_

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

### REASON FOR VOLUNTEERING

Please write down why you would like to volunteer at the museum.

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Volunteer Hours for High School Graduation: Yes \_\_\_\_\_ No \_\_\_\_\_

### VOLUNTEER AVAILABILITY

Please indicate the days and times that you are able to volunteer.

Saturdays on the Museum Floor (10 am – 2 pm or 12noon - 4pm): \_\_\_\_\_

School Breaks (Spring Break; Thanksgiving Week, etc): \_\_\_\_\_

Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

Museum Hours: Wednesdays/Thursdays 10am-4pm; Fridays/Saturdays 10am-5pm

### QUALIFICATIONS

Please list any experience that you have had with working with children.

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## REFERENCES

Please list two persons not related to you whom you have known at least one year.

1. Name, Address, Phone or Email

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Years Acquainted \_\_\_\_\_

2. Name, Address, Phone or Email

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Years Acquainted \_\_\_\_\_

- Have you ever been convicted of, or plead guilt or nolo contendere to a crime? Yes \_\_\_ No \_\_\_
- Are you currently awaiting trial, sentencing or other disposition of a criminal charge? Yes \_\_\_ No \_\_\_

If you answered yes to either question, then please explain (state the date, type of crime, place of occurrence, disposition)

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\*Note: Conviction of a crime will not necessarily disqualify you for a volunteer opportunity. Each conviction will be judged on its own merit with respect to time and volunteer relatedness.

I understand you will be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil and other experiences. I hereby consent to your obtaining the above information from a licensed agent.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

If you are under the age of 18, then your parent will need to sign also.

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Please return this form to the **Children's Museum of the Highlands** at the address of **219 N Ridgewood Drive, Downtown Sebring**. Our phone number is **863-451-5385**.

You can also email this form to the director at [Director@ChildrensMuseumHighlands.com](mailto:Director@ChildrensMuseumHighlands.com).

You will be contacted by email with shift opportunities to select days/times that you can volunteer.