



201 E. Congress
Lafayette, LA 70501
Main: (337) 232-8500
Fax (337) 232-8167
E-Mail: guestservices@cmalaf.org
Web: cmalaf.org

Volunteer Application

Name _____

Are You Over 18? Yes No If No, Date of Birth _____

Phone Number _____ Email: _____

Address _____

City _____ State _____ Zip Code _____

Current Employer/School & Grade _____

Have you volunteered with us before? If yes, when? _____

Days Available: MON TUE WED THU FRI SAT Offsite Events

Time Available: AM PM

Are you volunteering to gain mandatory service hours? If yes, for what reason and by whom? _____

How many hours do you need to complete? _____

Do you have reliable transportation? Yes No

Emergency Contact, Phone Number, & Relationship: _____

Why do you want to volunteer at the Children's Museum of Acadiana?

Do you have any special skills?

Do you have any friends or family who have worked/volunteered or currently work/volunteer at the Children's Museum of Acadiana? If yes, who? _____

Please read and sign below:

I understand that completing this application does not guarantee placement into the volunteer program. All applications will be reviewed by the Museum Administration, and select applicants will be contacted for a brief interview. All volunteers must be at least 13 years old, and those over the age of 18 will undergo a background check.

Signature _____ Date _____

Send completed application to the Children's Museum of Acadiana: 201 East Congress, Lafayette, LA 70501 or email to Tyler Begneaud, Director of Guest Services, guestservices@cmalaf.org



Children's Museum of Acadiana CONSENT TO BACKGROUND CHECK

Only complete this form if you are 18 years of age or older

I am applying for a position with the Children's Museum of Acadiana. I hereby authorize the Lafayette Parish Sheriff's Department, or other appropriate law enforcement agency, to conduct a background search on me, including a search for any arrests or convictions, and to report the results of such a search to the Children's Museum of Acadiana. My true and correct driver's license number and date of birth are printed below. This consent shall expire after thirty (30) days from the date written above.

(Signature)

(Driver's License Number)

(Print Name)

(Date of Birth)

Findings by Sheriff's Office

**CHILDREN'S MUSEUM OF ACADIANA, INC.
YOUTH PERMISSION FORM**

FOR YOUTH VOLUNTEERS UNDER 18 YEARS OF AGE:

I give my permission for _____ to volunteer at the Children's Museum of Acadiana, Inc.

I understand that _____:

- is to participate in an orientation/training program prior to beginning volunteer service at the museum.
- will work out a monthly schedule of volunteer hours with the Director of Guest Services/Floor Supervisor
- will be expected to comply with the "Volunteer Manual" and to be faithful in honoring his/her volunteer commitment.

I also understand that, should _____ fail to comply with the Manual or fail to keep a commitment without giving the museum adequate advance notice he/she will be on probation. Being put on probation will cause a re-evaluation of his/her commitment to the volunteer program at the CMA. After a determination is made, (1) a notation will be put in his/her file and (2) a change may be made in his/her placement on the exhibit floor. After two (2) failures to comply with the Manual or failure to meet his/her commitments, the volunteer will be asked to leave the CMA's Volunteer Program.

I also give or not give (circle one) _____ permission to leave the CMA's grounds during scheduled work hours.

Parent/Guardian's Signature

(Your relationship to the Volunteer)

Day Telephone Number

Evening Telephone Number

IN CASE I CANNOT BE REACHED, CONTACT:

NAME: _____

PHONE: _____

RELATIONSHIP TO VOLUNTEER: _____