



## YOUTH VOLUNTEER APPLICATION

Thank you for your interest in volunteering at the Mississippi Museum of Natural Science! We welcome to our youth volunteer program young people who are at least thirteen years old at the time of application. To join our volunteer service program, complete this application and return it to:

**Mississippi Museum of Natural Science**  
Volunteer Services  
2148 Riverside Drive  
Jackson, MS 39202

**Please make sure to complete all application materials:**

- application     two teacher referrals     essay
- participation consent form
- youth volunteer contract
- one non-family referral

Referral forms are confidential and should be mailed in by the teacher or other adult completing the form. Provide your references with a stamped, addressed envelope.

When your completed application has been received, we will contact your references and notify you when your application has been accepted. After successfully completing a volunteer orientation session, you may begin service. A parent must attend the orientation session with the youth volunteer applicant.

Contact Volunteer Coordinator, Ann Peden, by phone at 601-354-7303, ext. 129, or by e-mail at [ann.peden@mmns.state.ms.us](mailto:ann.peden@mmns.state.ms.us) if you have any questions during the application process.

*All information is kept confidential.*

Name \_\_\_\_\_

Birthdate: (Month/Day/Year) \_\_\_\_\_ E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State : \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Application Date \_\_\_\_\_

Parent or guardians' name \_\_\_\_\_

Address and phone number,  
if different than applicant's \_\_\_\_\_

What school do you attend? \_\_\_\_\_

School Address \_\_\_\_\_

Current Grade Level \_\_\_\_\_

**Activities**

If you have other volunteer experience, please list the name of the organization, type of volunteer service provided, and dates of service. Include any organization with which you are currently volunteering.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any clubs, teams, or organizations of which you are a member, and the dates of your participation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Interest Inventory

Is there a particular type of volunteer work that interests you? (Check all that apply.)

- leading nature walks on trails
- exhibit hall guide       gift shop       library
- reception/greeter       aquarium assistant       general office duties
- education assistant       grounds maintenance
- preschool assistant       no preference

**Please note any medical conditions of which we or emergency personnel should be aware.**  
*This information is only used in the event you require assistance.*

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People to contact in case of emergency:

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

Street Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Do you have a valid driver's license (not a learner's permit) ? \_\_\_yes \_\_\_no

Will you be picked up at the Museum? \_\_\_yes \_\_\_no

If “yes”, please list all who have permission to pick you up:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Where did you hear about volunteering at Mississippi Museum of Natural Science?

- |   |   |
|---|---|
| <input type="checkbox"/> From a friend                    | <input type="checkbox"/> Mississippi Outdoors magazine  |
| <input type="checkbox"/> Radio/TV ad                      | <input type="checkbox"/> Parents & Kids magazine        |
| <input type="checkbox"/> Museum staff member or volunteer | <input type="checkbox"/> Parents or other family member |
| <input type="checkbox"/> Counselor/Advisor                | <input type="checkbox"/> Other (please list): _____     |

Have you ever been convicted of any crime?

Yes \_\_\_ No \_\_\_ If yes, please explain.

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Submit an essay, typed or neatly handwritten, of no less than 200 words, explaining why you want to be a volunteer, how you can help the museum, and what you expect to do as a volunteer.

## Mississippi Museum of Natural Science Youth Volunteer Contract

The agreement between Mississippi Museum of Natural Science (MMNS) and the youth volunteer, \_\_\_\_\_, is as follows.

### THE YOUTH VOLUNTEER AGREES:

1. To abide by all policies and procedures of MMNS, as outlined in the volunteer handbook.
2. To provide accurate, complete and up-to-date information on all application materials.
3. To successfully complete volunteer orientation prior to service.
4. To schedule volunteer service in advance by agreement with the volunteer coordinator, through phone call, e-mail, or by signing up on the calendar in the volunteer office.
5. To arrive on time as scheduled, willing to carry out assignments and duties with a positive attitude and in a responsible manner.
6. To provide a minimum of 24 hours notice if unable to work, except in the case of emergency or sudden illness.
7. To successfully complete all required training for his/her particular position.
8. To commit to providing volunteer service on a regular basis.
9. To sign in and sign out accurately each time volunteer service is provided.
10. To accept MMNS's right to dismiss any volunteer for poor performance, including attendance, conduct or attitude.

### THE MISSISSIPPI MUSEUM OF NATURAL SCIENCE AGREES:

1. To provide a professionally structured and well-managed educational program.
2. To provide orientation, on-the-job training, evaluation, and supervision for the volunteer.
3. To provide accurate record keeping of service and recognition for that service.
4. To provide enrichment opportunities for volunteers in addition to regular training.
5. To allow for change of assignments as appropriate for both MMNS and the volunteer.
6. To provide each volunteer with a nametag and personal copy of the Volunteer Handbook.
7. To provide responsible volunteers with a reference, if needed, for future employment or education.

### THE PARENT OR GUARDIAN OF THE YOUTH VOLUNTEER AGREES:

1. To facilitate the accurate and timely completion of the youth volunteer application.
2. To provide MMNS with a Participation Consent Form for term of service and specific events.
3. To keep the youth volunteer aware of family obligations so they will be able to fulfill their responsibilities to MMNS.
4. To provide or help the youth volunteer arrange reliable transportation and proper attire for service at MMNS.
5. To attend new volunteer orientation with the youth volunteer.

\_\_\_\_\_  
Youth Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Coordinator

\_\_\_\_\_  
Date

**Participation Consent Form**

**INFORMED CONSENT FOR PARTICIPANTS IN PROGRAMS  
SPONSORED BY THE MISSISSIPPI MUSEUM OF NATURAL SCIENCE**

In consideration for being offered opportunity to participate in sponsored programs by the Mississippi Department of Wildlife, Fisheries, and Parks' MISSISSIPPI MUSEUM OF NATURAL SCIENCE, I, the undersigned, do hereby acknowledge that I have been apprised of possible dangers that may occur during the period of participation, including activities as a passenger in a vehicle or during any field trip away from the Museum site, which is a part of said programs and activities required or offered. This consent form shall apply to any minor child (under 21 years of age) for which I have legal responsibility.

This instrument, to the extent not prohibited by law, will save harmless the State of Mississippi, the Mississippi Department of Wildlife, Fisheries and Parks, the Mississippi Museum of Natural Science, and employees of the State or Museum as pertains to the circumstance as described above.

Name \_\_\_\_\_  
(Please print)

Date of Birth \_\_\_\_\_

Affiliation \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_  
(In case of emergencies)

I have read the above instrument and fully understand its intent.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Witnessed \_\_\_\_\_

# Mississippi Museum of Natural Science Volunteer Services Program

## Youth Volunteer Teacher Recommendation Form

The Youth Volunteer Services Program is an education program and volunteer opportunity. Students ages 13-18 who show a strong interest in natural science are encouraged to apply. Through participation students will gain work experience, learn to communicate more effectively with others, and increase their awareness of the environment.

Your recommendation will help us to determine the qualifications of the applicant for various positions. **Please do not return this form to the applicant.** The recommendation form must be mailed to the address listed at the end of the form. Thank you for your comments.

### *Teacher Referral*

Applicant Name \_\_\_\_\_

Teacher Name \_\_\_\_\_

School Name and Address

\_\_\_\_\_  
\_\_\_\_\_

School Telephone Number \_\_\_\_\_

**After considering each question below, please rate the applicant's skill level by circling the appropriate response on the scale.**

1. *How well does the applicant work within a group?*

Poor                      Average                      Excellent  
1   2   3   4   5   6   7   8   9   10

Comments:

2. *How well does the applicant speak in front of a group?*

Poor                      Average                      Excellent  
1   2   3   4   5   6   7   8   9   10

Comments:

3. *What is the applicant's interest level in natural science?*

Poor			Average				Excellent		
1	2	3	4	5	6	7	8	9	10

Comments:

4. *How would you rate the applicant's level of responsibility?*

Poor			Average				Excellent		
1	2	3	4	5	6	7	8	9	10

Comments:

5. *Other comments regarding this applicant's qualifications:*

**Based on the above responses, I \_\_\_do / \_\_\_do not recommend this applicant as a volunteer.**

Teacher signature \_\_\_\_\_

Date \_\_\_\_\_

All recommendations are kept confidential.  
Thank you for your time.

Please mail this form to:

Youth Volunteer Program  
Mississippi Museum of Natural Science  
2148 Riverside Drive  
Jackson, MS 39202

*Questions or comments?*

Please contact Ann Peden, Volunteer Services Coordinator

E-mail: [ann.peden@mmns.state.ms.us](mailto:ann.peden@mmns.state.ms.us)

Phone: 601-354-7303 ext. 129

# Mississippi Museum of Natural Science Volunteer Services Program

## Youth Volunteer Non-Family Recommendation Form

The Youth Volunteer Services Program is an education program and volunteer opportunity. Students ages 13-18 who show a strong interest in natural science are encouraged to apply. Through participation students will gain work experience, learn to communicate more effectively with others, and increase their awareness of the environment.

Your recommendation will help us to determine the qualifications of the applicant for various positions. **Please do not return this form to the applicant.** The recommendation form must be mailed to the address listed at the end of the form. Thank you for your comments.

### *Non-Family Referral*

Applicant Name \_\_\_\_\_

Your Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**After considering each question below, please rate the applicant's skill level by circling the appropriate response on the scale.**

1. *How well does the applicant work within a group?*

Poor	Average				Excellent				
1	2	3	4	5	6	7	8	9	10

Comments:

2. *How well does the applicant speak in front of a group?*

Poor	Average				Excellent				
1	2	3	4	5	6	7	8	9	10

Comments:

3. *What is the applicant's interest level in natural science?*

Poor				Average				Excellent		
1	2	3	4	5	6	7	8	9	10	

Comments:

4. *How would you rate the applicant's level of responsibility?*

Poor				Average				Excellent		
1	2	3	4	5	6	7	8	9	10	

Comments:

5. *Other comments regarding this applicant's qualifications:*

**Based on the above responses, I \_\_\_\_do / \_\_\_\_do not recommend this applicant as a volunteer.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

All recommendations are kept confidential.  
Thank you for your time.

Please mail this form to:

Youth Volunteer Program  
Mississippi Museum of Natural Science  
2148 Riverside Drive  
Jackson, MS 39202

**Questions or comments?**

Please contact Ann Peden, Volunteer Services Coordinator

E-mail: [ann.peden@mmns.state.ms.us](mailto:ann.peden@mmns.state.ms.us)

Phone: 601-354-7303 ext. 129