

STUDENT VOLUNTEER APPLICATION

STUDENT INFORMATION (to be completed by student – please print clearly)

_____ Name (please print)	_____ Email	_____ Primary Phone
_____ Street Address	_____ City, State, Zip	
_____ High School/College	_____ Birthday	_____ Grade Level

PARENT/LEGAL GUARDIAN INFORMATION (to be completed by parent/legal guardian if student is under 18)

_____ Name	_____ Email	_____ Primary Phone	_____ Alternate Phone
_____ Name	_____ Email	_____ Primary Phone	_____ Alternate Phone
In case of emergency, please contact: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Name (Must be parent or guardian) Primary Phone Alternate Phone </div>			
Please list any medical conditions/allergies we should be aware of: _____			

Please list relevant skills and experience (*please include any **volunteer experience** you may have*):

Please tell us why you would like to volunteer with Peoria Riverfront Museum:

REFERENCES

Please list 2 references (teacher, supervisor, etc.) other than relatives, who we may contact for a reference:

Name: _____ Email: _____ Phone: _____
 Name: _____ Email: _____ Phone: _____

REQUIRED SIGNATURES

_____ Student Signature	_____ Date
_____ Parent Signature	_____ Date

For Museum Use Only

Date Received: _____ Orientation Date: _____ Volunteer Placement: _____
 Supervisor: _____ Notes: _____

