



## YOUTH VOLUNTEER APPLICATION

Thank you for your interest in volunteering at MDWFP's 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:

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

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

- application
- participation consent form
- youth volunteer contract
- teacher referral

Referral forms are confidential and *should be mailed in by the teacher completing the form*. Provide your reference with a stamped, addressed envelope.

When your completed application and referral form have been received, we will notify you. An interview may also be requested. If you are accepted as a youth volunteer, after 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 Taylor, by phone at 601-576-6000, or by e-mail at [ann.taylor@mmns.state.ms.us](mailto:ann.taylor@mmns.state.ms.us) if you have any questions during the application process.

*All information is kept confidential.*

Name \_\_\_\_\_ Birth date: (Month/Day/Year) \_\_\_\_\_

E-mail addresses for receiving volunteer program information and updates: List name and e-mails for those who want to receive these notices.

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

Parent or Guardian name(s) and phone numbers, list work/home/cell please:

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

Volunteer applicant cell phone number if applicable: \_\_\_\_\_

Home street address:

\_\_\_\_\_

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

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

### Activities

If you have other volunteer experience within the last two years, 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.

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

**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.*

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

**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:**

<b>Name</b>	<b>Relationship</b>	<b>Phone Number</b>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**Where did you hear about volunteering at MDWFP's Mississippi Museum of Natural Science?**

\_\_\_ From a friend

\_\_\_ *Mississippi Outdoors* magazine

\_\_\_ Radio/TV ad

\_\_\_ *Parents & Kids* magazine

\_\_\_ Museum staff member or volunteer

\_\_\_ Parents or other family member

\_\_\_ Counselor/Advisor/Teacher

\_\_\_ Other (please list): \_\_\_\_\_

**Please give thoughtful answers to the following questions. Use complete sentences and specific examples.**

**1) What interests do you have in natural science and the outdoors?**

**2) Why do you want to be a volunteer?**

**3) What skills and personal traits can you offer that will be of help to the Museum?**

**4) What else would you like us to know about you?**

# MDWFP's Mississippi Museum of Natural Science Youth Volunteer Contract

The agreement between MDWFP's 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 conduct or attitude.

## MDWFP's 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.
6. To allow for change of assignments as appropriate for both MMNS and the volunteer.
7. To provide each volunteer with a nametag and personal copy of the Volunteer Handbook.
8. 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.
6. To accept MMNS's right to dismiss any volunteer for poor performance, including conduct and attitude.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

# Participation Consent Form

## INFORMED CONSENT FOR PARTICIPANTS IN PROGRAMS SPONSORED BY MDWFP's 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** \_\_\_\_\_

# MDWFP's 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. 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 should be mailed to the address listed at the end of the form or scanned and e-mailed. Thank you for your comments.

### *Teacher Referral*

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

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

School Name \_\_\_\_\_

**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  
MDWFP's Mississippi Museum of Natural Science  
2148 Riverside Drive  
Jackson, MS 39202

Or scan and attach to an e-mail to [ann.taylor@mmns.state.ms.us](mailto:ann.taylor@mmns.state.ms.us)

**Questions or comments?**

Please contact AnnTaylor, Volunteer Services Coordinator  
E-mail: [ann.taylor@mmns.state.ms.us](mailto:ann.taylor@mmns.state.ms.us)  
Phone: 601-576-6000