



## ADULT VOLUNTEER APPLICATION

Thank you for your interest in volunteering at the Mississippi Museum of Natural Science!  
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

The Adult Volunteer Service Contract and the Participation Consent Form must be completed and returned as part of the application. 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.

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: \_\_\_\_\_, Zip: \_\_\_\_\_

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

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

**Educational Background**

High school diploma or GED? \_\_\_yes \_\_\_no

Name of college/university, if attended: \_\_\_\_\_ Currently enrolled? \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Degree \_\_\_\_\_ Year received \_\_\_\_\_

Graduate studies, if applicable:

Name of college/university \_\_\_\_\_ Currently enrolled? \_\_\_\_\_

Number of years completed \_\_\_\_\_ Degree \_\_\_\_\_ Year received \_\_\_\_\_

**Professional Background**

Current occupation and employer \_\_\_\_\_

If retired, former occupation(s)

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

**Previous 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.

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

**Interest Inventory**

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

- working directly with a staff person as an assistant
- leading nature walks on trails
- exhibit hall docent       gift shop       library
- reception/greeter       aquarium assistant       general office duties
- library       education assistant       grounds maintenance
- preschool assistant       no preference

Why are you interested in volunteering at the Mississippi Museum of Natural Science?

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Two references, other than family members:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**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: \_\_\_\_\_

Where did you hear about volunteering at 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

\_\_\_ Museum newsletter

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

Have you ever been convicted of any crime?

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

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Please note the days of the week and times you may be available to volunteer.

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## Mississippi Museum of Natural Science Adult Volunteer Contract

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

### THE ADULT VOLUNTEER AGREES TO THE FOLLOWING:

1. To abide by all policies and procedures of MMNS, as outlined in the volunteer handbook.
2. To provide accurate 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 TO THE FOLLOWING:

1. To provide a professionally structured and well-managed volunteer 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 a copy of the volunteer handbook.
7. To provide responsible volunteers with a reference, if needed, for future employment or education.

\_\_\_\_\_  
Adult Volunteer

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