



COLLEGE 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 College 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 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

Name of college/university you are attending _____

Number of years attended to date: _____

What degree(s) are you pursuing? _____

Work Experience

Currently employed? ____yes ____no

If yes, please list employer, your job title, and the date you started the job.

If no, please list any past work experience, including employer, job title, dates of employment, and a brief description of your responsibilities.

You may attach a resume if you have one.

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?

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.

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.

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

Mississippi Museum of Natural Science College Volunteer Contract

The agreement between Mississippi Museum of Natural Science (MMNS) and the college volunteer, _____, is as follows.

THE COLLEGE 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, complete and up-to-date information on all application materials.
3. To successfully complete volunteer orientation, with handbook review, prior to service.
4. To successfully complete all required training for his/her particular position.
5. To commit to providing volunteer service on a regular basis.
6. 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.
7. To arrive on time as scheduled, willing to carry out assignments and duties with a positive attitude and in a responsible manner.
8. To provide a minimum of 24 hours notice if unable to work, except in the case of emergency or sudden illness.
9. To sign in and out accurately each time volunteer service is provided.
10. To accept MMNS's right to dismiss any volunteer for poor performance, including poor attendance, conduct or attitude.
11. To provide MMNS with a Participation Consent Form for term of service and special events/assignments as required.

THE MISSISSIPPI MUSEUM OF NATURAL SCIENCE AGREES TO THE FOLLOWING:

1. To provide a professionally structured and well-managed educational program.
2. To provide orientation, on-the-job training, supervision, and evaluation for the volunteer.
3. To provide accurate record keeping of service and recognition for that service.
4. To communicate in a clear and timely manner with the volunteer.
5. To provide each volunteer with a nametag and personal copy of the volunteer handbook.
6. To provide responsible volunteers with a reference, if needed, for future employment or education.

College 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 _____