hermosa beach MUSEUM

STUDENT VOLUNTEER APPLICATION

Personal Details

Name:_____ Date:_____

Address:_____ City:_____ State:____ Zip: _____

Telephone: (____)_____ Email:_____

Guardian Name:_____ Date: _____

Guardian Contact - Phone:_____ Email: _____

Institution Details

Name of School/Organization: _____

School Address:_____

Major/Department (if applicable):_____

Faculty Sponsor/Advisor (if applicable): _____

Credits to be Awarded (if applicable): _____

Availability

	Day	Time Available
☐	Tuesday	
☐	Wednesday	
☐	Thursday	
☐	Friday	

Please Read and Sign Below:

Thank you for your interest in volunteering with the Hermosa Beach Museum! We look forward to being in touch soon!

I (print name)_____ understand that my position is non-paid and will be used toward academic training. Further, I agree to comply with Hermosa Beach Museum policies and procedures while volunteering.

Signature:_____ Date:_____

Please provide Guardian signature permitting student to volunteer in the Hermosa Beach Museum below. Unless otherwise stated, the Guardian contact provided below will be used as an Emergency Contact.

Guardian Name:_____ Signature:_____ Date: ____

Guardian Contact - Phone:_____ Email: _____