



First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Preferred method of communication: Call Text Email

Emergency Contact: _____ Number: _____

Preferred areas of interest (mark all that apply)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Docent | <input type="checkbox"/> Gallery Attendant | <input type="checkbox"/> Ticket Sales | <input type="checkbox"/> Gift Shop |
| <input type="checkbox"/> Hot Wheels Station | <input type="checkbox"/> Lego Table | <input type="checkbox"/> Racing Simulator | <input type="checkbox"/> Paint Simulator |
| <input type="checkbox"/> Welding Simulator | <input type="checkbox"/> Featured Guest Speaker | <input type="checkbox"/> Light Cleaning | <input type="checkbox"/> Exhibit Design |

Available Days/Preferred Times (mark all that apply)

- | | | | | |
|-----------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Thursday | <input type="checkbox"/> 9-11am | <input type="checkbox"/> 11-1pm | <input type="checkbox"/> 1-3pm | <input type="checkbox"/> 3-6pm |
| <input type="checkbox"/> Friday | <input type="checkbox"/> 9-11am | <input type="checkbox"/> 11-1pm | <input type="checkbox"/> 1-3pm | <input type="checkbox"/> 3-6pm |
| <input type="checkbox"/> Saturday | <input type="checkbox"/> 9-11am | <input type="checkbox"/> 11-1pm | <input type="checkbox"/> 1-3pm | <input type="checkbox"/> 3-6pm |
| <input type="checkbox"/> Sunday | <input type="checkbox"/> 11-1pm | <input type="checkbox"/> 1-3pm | <input type="checkbox"/> 3-6pm | |

I agree to a background check

Next steps include an interview with Staff and/or Executive Director and a one-hour training session.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____