



Volunteer Interest Application

Thank you for your interest in volunteering with the LCDDC! Please share your information with us below so that we can learn more about you and your interests. Completed forms may be emailed to kim@lcdcofhammond.org, by mail to PO BOX 1765, Hammond, LA 70404, or dropped off in person at 113 N. Cypress Street, Hammond, LA 70401. If you have questions, please contact Patti Tregle at 985-340-9150.

PERSONAL INFORMATION

NAME _____ DATE OF BIRTH _____
ADDRESS _____ CITY/STATE/ZIP _____
PREFERRED PHONE _____ OTHER PHONE _____
EMAIL _____

Who should we contact in case of an emergency?

NAME _____ RELATION _____
CONTACT PHONE NUMBER _____

BACKGROUND QUESTIONNAIRE

1. If you hold any degrees, please list degrees and fields of study _____

2. If you are currently employed:
Employer _____ Position _____
3. If you are retired or are not currently employed, please briefly describe your previous work experience/career(s). _____

4. Please list any other relevant paid or volunteer positions which you have held or currently hold (feel free to attach resume).

a. Organization _____	<input type="checkbox"/> Paid or <input type="checkbox"/> Volunteer
Position _____	Dates _____ - _____
b. Organization _____	<input type="checkbox"/> Paid or <input type="checkbox"/> Volunteer
Position _____	Dates _____ - _____
c. Organization _____	<input type="checkbox"/> Paid or <input type="checkbox"/> Volunteer
Position _____	Dates _____ - _____

5. Do you have any experience interacting with children? ☐Yes ☐No
If yes, what ages and in what roles? _____
6. Have you been convicted of any unlawful offense (other than a minor traffic violation)?
If yes, please list the conviction, date, county and state of conviction.
- | Conviction | Date | County | State |
|------------|-------|--------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
7. Why are you interested in volunteering at the LCDC and what do you hope to gain from your volunteer experience? _____

YOUR AVAILABILITY

Our primary need is for volunteers who can make an ongoing commitment (or weekly) to the museum. However, we will also have the occasional need for help with one-time events and special projects. Ongoing volunteers are expected to work a minimum of 2 hours a week. We will be open Tuesday – Friday from 9am to 5pm, Saturday from 10-5pm and Sunday 1-5pm, with birthday parties being held Fridays, Saturdays and Sundays. We may occasionally need volunteers on other days of the week or selected evenings.

Please check one:

- ☐ I am only available for one-time projects, special events or other occasions.
☐ I can make an ongoing commitment to the museum (weekly/monthly)

Please share with us what your availability is by writing in the time of the day you are available to volunteer & which area of the museum:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____
Friday _____ Saturday _____ Sunday _____
Area of museum where you would like to volunteer _____

SIGN AND DATE

I certify that the answers given by me to the foregoing questions and statements are true, correct and without omissions. I authorize the Louisiana Children's Discovery Center to investigate and/or verify the foregoing information to assist them in determining my qualifications for volunteering, including but not limited to a background check. I further agree to submit to any drug or alcohol testing required by the LCDC during the application process and randomly thereafter as long as I am an active volunteer. I further agree to any fingerprinting that is required by the LCDC and with the policies and procedures, as well as safety practices, in all areas of LCDC. I understand that my volunteer status may be terminated at any time for failure to comply with policies and procedures of the LCDC.

Name (please print) _____

Signature _____ Date _____

Authorization to Obtain Urgent or Emergency Medical Care

As the parent(s) or custodial adult(s) of _____ (child/youth's name), I/we give permission for Louisiana Children's Discovery Center, its agents, staff, and volunteers to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

Parent/Custodial Adult Parent/Custodial Adult

Medical Insurance Company: _____

Policy/Group Number: _____

Participant I.D. Number: _____

Medical Insurance Phone Number: _____

Permission to Participate; Release, Waiver of Liability, and Indemnity Agreement

I/we give permission for _____ (name of child/youth) to participate in the activities of Louisiana Children's Discovery Center. In consideration of the opportunity of my/our child/youth to participate in the activities of Louisiana Children's Discovery Center, I/we release Louisiana Children's Discovery Center, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my child arising from my child's participation in the activities of Louisiana Children's Discovery Center; and I/we agree to indemnify and hold forever harmless the Louisiana Children's Discovery Center, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my child arising from activities on or off the premises of Louisiana Children's Discovery Center, including loss or injury resulting from negligence or gross negligence.

I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me, and I/we understand and agree that it is my responsibility to update our child medical and insurance information as changes occur.

Parent/Custodial Adult Parent/Custodial Adult

Photo Permission

I/we understand that my child may be photographed while participating in the activities of Louisiana Children's Discovery Center. I/we **(do)** or **(do not)** give permission for a recognizable image of my child to be posted on the Louisiana Children's Discovery Center website or bulletin boards. I understand that a non-recognizable image, such as a group picture, may be posted.

Parent/Custodial Adult Parent/Custodial Adult