



# Delaware Museum of Natural History

P.O. Box 3937

Wilmington, Delaware 19807

302-658-9111 ext. 324

[www.delmnh.org](http://www.delmnh.org)

Attn: Terri Reed, Human Resources  
treed@delmnh.org

## High School Student Volunteer Application

Please print your answers, except where signature is required. Complete the application in full.

### Personal Information

Name (last, first, middle): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Interests and/or hobbies: \_\_\_\_\_

School/Extra Curricular Activities: \_\_\_\_\_

\_\_\_\_\_

### Education

High School: \_\_\_\_\_

Address: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Other: \_\_\_\_\_

### Employment Information (Include all part-time positions)

Present or Most Recent

Employer: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_

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Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Prior Employer: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Prior Employer: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Volunteer Experience**

Name of Organization/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving : \_\_\_\_\_

Name of Organization/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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**Skills**

Computer and Other Relevant Skills: \_\_\_\_\_

Will you be fulfilling a school community service requirement by participating in the Discovery Corps?

**References (2)** Preferably teachers, guidance counselors, employers, volunteer supervisors, or similar.

Include: name, contact information and relationship to applicant.

1) \_\_\_\_\_

2) \_\_\_\_\_

**Emergency Contact Information**

Name & relationship to applicant: \_\_\_\_\_

Telephone numbers \_\_\_\_\_ Home \_\_\_\_\_ Cell

\_\_\_\_\_ Work (if applicable)

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am selected as a volunteer of the Delaware Museum of Natural History, I understand that any false statements on this application shall be considered sufficient cause for dismissal. I hereby authorize the Delaware Museum of Natural History to investigate any aspect of my educational and employment history.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(If applicant under 18 years of age)

Printed Name of Parent/Guardian \_\_\_\_\_

*It is the policy of the Museum to provide equal opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.*