

STUDENT VOLUNTEER APPLICATION

Name (please print)	Email		Primary Phone	
Street Address	City, State, Zip			
High School/College	Birthday	Birthday Grade Level (this coming fall)		
ARENT/LEGAL GUA	ARDIAN INFORMATION (to be co	ompleted by parent/leg	gal guardian if student is under	
Name	Email	Primary Phone	Alternate Phone	
Name	Email	Primary Phone	Alternate Phone	
Please select if you will be Monday-Friday [] full day AREAS OF INTERES	e a full day or half day volunteer. y 8:45a-3:15p orhalf day 8:45a-11:30 T: ch you might like to volunteer:	p		
Please select if you will be Monday-Fridayfull day AREAS OF INTERES Please check all areas whic Summer Camp (14 yea	e a full day or half day volunteer. y 8:45a-3:15p orhalf day 8:45a-11:30 T: ch you might like to volunteer:	•		
Please select if you will be Monday-Friday	e a full day or half day volunteer. y 8:45a-3:15p or half day 8:45a-11:30 T: ch you might like to volunteer: ars and older) veeks of camp you would like to volu	nteer	y 13: World Travelers' Camp	
Please select if you will be Monday-Fridayfull day AREAS OF INTERES Please check all areas whic Summer Camp (14 yea Please indicate which w	e a full day or half day volunteer. y 8:45a-3:15p orhalf day 8:45a-11:30 T: ch you might like to volunteer: ars and older) veeks of camp you would like to volu g It?	n teer	y 13: World Travelers' Camp ly 20: Artists in Training Camp	
Please select if you will be Monday-Friday	e a full day or half day volunteer. y 8:45a-3:15p or half day 8:45a-11:30 T: ch you might like to volunteer: ars and older) veeks of camp you would like to volu g It? iilders' Camp	n teer □ July 9-July □ July 16-Ju		
Monday-Friday full day AREAS OF INTERES Please check all areas which Summer Camp (14 year Please indicate which w June 4-8: Can You Dig	e a full day or half day volunteer. y 8:45a-3:15p or half day 8:45a-11:30 T: ch you might like to volunteer: ars and older) veeks of camp you would like to volu g It? iilders' Camp Scientists' Camp	n teer □ July 9-July □ July 16-Ju □ July 23-Ju	ly 20: Artists in Training Camp	



Please list relevant skills and experience (please include any volunteer experience you may have):

Please tell us why you would like to volunteer with Peoria Riverfront Museum:

Please indicate if you are interested in being camp photographer. If yes, please tell us why this experience would benefit your personal goals.

REFERENCES

Please list 2 references (teacher, supervisor, etc.) other than relatives, who we may contact for a reference:

Name:	Email:	Phone:
Name:	Email:	Phone:

REQUIRED SIGNATURES

Student Signature	Da	te		
Parent Signature	Date			

For Museum Use Only Date Received: Orientation Date:						
	Olicination Date					
Volunteer Placement:		Supervisor:				
Notes:						