

**IMAGINE IT! THE CHILDREN'S MUSEUM OF
ATLANTA**
Youth Volunteer Application



Please Print

Name _____ Birth Date _____

Street Address _____

City, State _____ Zip _____

Home Phone _____ E-Mail _____

School _____ Grade Level _____

Emergency Contact (name, relationship, and work/home phone numbers)

What skills would you like to utilize as a volunteer?

I certify that the information provided in this application is true and correct. I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information. I understand that I will not be paid or otherwise compensated for my services as a volunteer. I also authorize Imagine It! to write or telephone the references enclosed for the purpose of acquiring reference information from them, and I release Imagine It! from any liability based upon such releases. I agree to abide by all museum policies: volunteer, personnel, safety and otherwise.

Signature

_____ Date _____

Applicant

Signature: _____ Date _____

Parent or Guardian

Mail or fax this application to:

Volunteer Coordinator
Imagine It! The Children's Museum of Atlanta
275 Centennial Olympic Park Drive
Atlanta, GA 30313
404-223-3675 (fax)

Questions? Please phone: (404) 507-7222