



Travel Town Museum Volunteer Registration

Travel Town Museum Volunteer Program is administered by the Travel Town Museum Foundation as part of its service to the City of Los Angeles, Dept. of Recreation & Parks

Name	Home Phone ()
Address	Cell Phone ()
City, State	Zip Code
Email Address	Birthday
School Name (If under 18)	Grade Level (If under 18)
Preferred method for us to contact you: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email	

In case of emergency, please notify: _____

Relationship: _____ Phone: _____

Volunteers are cross-trained in several areas. You will be assigned work based on the needs of the Museum and interests of each volunteer. Please indicate your areas of interest below.

- | | |
|--|---|
| <input type="checkbox"/> Docent (Tour Guide) | <input type="checkbox"/> Gardening/Facilities Team |
| <input type="checkbox"/> Track Crew | <input type="checkbox"/> Holden's Corner (reading to & playing with children) |
| <input type="checkbox"/> Restoration Team | <input type="checkbox"/> Office/Computer Technology |

When are you available to volunteer?

- | | | |
|----------------------|------------------------------------|-----------------------------------|
| ___ Days per Week | <input type="checkbox"/> Monday | <input type="checkbox"/> Friday |
| ___ Days per Month | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday |
| ___ Short Term Block | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday |
| | <input type="checkbox"/> Thursday | |

By signing below you understand that an orientation must be completed before you are eligible for acceptance to the Travel Town Museum volunteer program. Furthermore, you agree to follow a specific code of ethics that are outlined in the volunteer guide.

Signature _____ Date _____



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Why are you interested in becoming a volunteer at the Travel Town Museum?

Do you have other volunteer experience? If yes, please explain. _____

Do you have any special talents or interests that we should know about (other languages, leadership experience, artistic skills)? _____

What type of special accommodations will you need, if any? _____

Are there any medical concerns we should be aware of (allergies, heart condition/high blood pressure, diabetes, etc.)? _____

How did you hear about the Travel Town Museum volunteer program? _____

How long do you plan to volunteer at Travel Town?

For Office Use Only

- Registration Received _____
- Called to confirm Orientation _____
- Orientation Date & Time _____
- Orientation Given By _____
- Fingerprinted _____



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Parent Consent Form (If under 18)

Parent or Guardian Name	Home Phone ()
Relationship	Other Phone ()
Alternate Contact	Home Phone ()
Relationship	Other Phone ()

_____ has applied to the student volunteer program at the Travel Town Museum. It is necessary that a minor obtain permission from his or her parent or guardian to participate in the program and to be fingerprinted as part of the background check conducted on all volunteers who work with minors. Your signature below indicates consent.

Parent or Guardian's Signature _____ Date _____

Student volunteers will on occasion be invited to participate in programs or events off the Travel Town Museum grounds. If transportation is arranged, the student may ride in a car driven by a parent, volunteer leader, or staff member. Your signature below authorizes consent to participate and absolves the Travel Town Museum Foundation from any responsibility in case of an accident.

Parent or Guardian's Signature _____ Date _____

If an emergency occurs, the museum will make every effort to contact you/or the persons you have indicated above. If you cannot be reached, your signature below indicates consent to obtain medical treatment for your child.

Special health or emergency instructions:

Parent or Guardian's Signature _____ Date _____