

The Children's Museum of Indianapolis

Special Event Youth Volunteer Information Form

I give permission for _____ (youth name) to volunteer at The Children's Museum of Indianapolis under the supervision of Chaperone/Coach _____.

In the case of an emergency, please call:

Name _____ Phone Number _____

Relationship _____

For what event will you volunteer? _____

What date is the event? _____

What time/shift will you volunteer? _____

I release The Children's Museum of Indianapolis, Inc., and its employees, volunteers, agents and representatives (the "Museum Parties") from any and all liability whatsoever, except as caused by the Museum Parties' intentional misconduct. I understand that I will NOT be paid or otherwise compensated for my services as a volunteer. I agree to abide by any and all museum policies and understand if I do not abide by the museum policies, rules and regulations, I may be dismissed from my position as a volunteer.

Volunteer
Signature _____ Date _____

Parent/Guardian Name (Please print) _____

Parent/Guardian
Signature _____ Date _____

Thank you so much for you willingness to volunteer with The Children's Museum of Indianapolis, the world's biggest and best.