



M.A.P. APPLICATION

(Museum Apprentice Program)

Rev. 05.07

Name: _____ Date: _____

Parent(s)/ Legal Guardian Name: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Telephone: Home: () _____ Parent's Work: () _____

E-mail address: _____ Gender: Male / Female

Date of Birth: _____ Grade: _____ School Attended: _____

What area of knowledge would you bring or have a desire to learn more about?

How did you learn of the M.A.P. program?

Are you volunteering for a school project? Yes No

If yes explain: _____

Write a brief statement below to describe why you would like to be part of the Museum Apprentice program.

Have you volunteered anywhere before? Tell about your experience.

- | | | |
|-----|----|---|
| Yes | No | Do you like children? |
| Yes | No | Have you worked with younger children before? |
| Yes | No | Do you enjoy talking with people you just met? |
| Yes | No | Do you enjoy explaining ideas? |
| Yes | No | Do you enjoy giving speeches or demonstrations? |
| Yes | No | Do you like working with your hands? |



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PLEASE LIST TWO REFERENCES AND ATTACH THE LETTERS THEY HAVE WRITTEN FOR YOU: (THESE SHOULD BE ADULTS WHO ARE NOT FAMILY MEMBERS)

REFERENCE#1:

NAME: _____ PHONE NUMBER: _____

RELATIONSHIP: _____ # OF YEARS KNOWN: _____

REFERENCE#2:

NAME: _____ PHONE NUMBER: _____

RELATIONSHIP: _____ # OF YEARS KNOWN: _____

FOR PARENTS:

If there are learning, behavioral or medical issues (such as allergies) you feel we should be aware of, please list and explain. Also please let us know if your child has any special dietary requirements:

Would you like us to notify the staff members with whom your teen will be interacting on a regular basis?

Circle one: Yes No

Signature of Museum Apprentice

Date

Signature of Parent/Legal Guardian

Date

Please return completed form to:

MAP Coordinator

Creative Discovery Museum

P.O. Box 6339

Chattanooga, TN 37401

STAFF USE ONLY

T-shirt size: _____ VEG: _____ KOS: _____ LAC: _____