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CH₍₎M
Children's Hands-On Museum of Tuscaloosa

Teen Leader Program

Application for Teens

RETURN BY April 27 to: CHOM Teen Leader Program 2213 University Blvd. Tuscaloosa, AL 35401 Email: sherie@chomonline.org fax: 205-349-4276

Name:	Date:
Home Phone:	Cell phone:
Address:	
City:	_
Email address:	
	Age:
School:	Current grade:
Parent/Legal Guardian Name:	relationship:
	Home Phone:
	Email address:
What are your hobbies and interests?	
Why do you want to participate in CHOM	I's Teen Leadership Program?
Have you volunteered before? If so, when	re? What did you do?
What other organized activities (e.g., clu responsibilities you have had in them.	bs, group projects, work,) do you participate in? Describe any

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 things?	yes {	no {
Do you enjoy giving speeches or demonstrations?	yes {	no {
Do you like working with your hands?	yes {	no {

Give two references <u>not related to you</u> with phone numbers (e.g., teachers, scout leaders, clergy, neighbors):

<i>Reference #1</i>	
name:	phone:
relationship:	number of years known:
<i>Reference #2</i> name:	phone:
relationship:	number of years known:

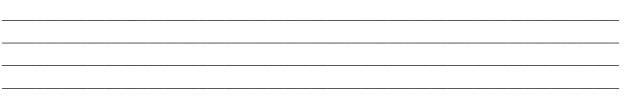


In the event of an emergency, whom should we contact?

Name:

Relationship:	Home Phone:
Cell Phone:	Work Phone:
Address:	
City:	State: Zip:

If your child has any medical, learning, or behavioral issues that we should be aware of, please list and explain:



VOLUNTEER RELEASE

I give permission for my son/daughter to volunteer at CHOM. In addition, I hold harmless and release the Children's Hands-On Museum (CHOM), its officers, agents and employees from any and all liability which may arise as a result of my child's volunteer activities at CHOM. I waive any claim for damages to my/my child's property and assume all the risks of such participation.

(Signature of parent/guardian)

PHOTOGRAPHIC RELEASE

I grant permission for the Children's Hands-On Museum (CHOM) and its agents to photograph or otherwise record my child's likeness and/or voice, and to distribute these recordings for promotional/informational purposes.

	Date:	
(Signature of parent/guardian)		

Date: