



CHILDREN'S MUSEUM OF SCIENCE + TECHNOLOGY

CMOST Volunteer Parent/Guardian Permission Form

Dear Parent/Guardian:

The Children's Museum of Science and Technology (CMOST) accepts volunteers to participate in the CMOST Volunteer program with parent/guardian permission. Please complete this form in its entirety and return it to the applicant to be submitted with the application:

**Children's Museum of Science and Technology
CMOST Volunteer Program
250 Jordan Road, Troy, NY 12180**

Please print.

Applicant's Name: _____

Parent/Guardian Name: _____

Relationship to Applicant: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email:** _____

Permission to volunteer

I give permission for (name of applicant) _____ volunteer at the Museum. I understand that as a volunteer, this individual is neither entitled to monetary compensation for work performed, nor entitled to worker's compensation for work performed, nor entitled to worker's compensation or group benefits in the event of injury. The CMOST supervisor and the volunteer will evaluate the volunteer's performance after 48 volunteer hours. If at any time, it is determined that the volunteer's responsibilities are not being satisfactorily fulfilled CMOST has the right to terminate the individual's services. I give the staff of CMOST permission to perform a background check.

Photography release

Photographs of CMOST Volunteers in their various roles at the Museum may be taken throughout the year. *I give the Children's Museum of Science and Technology (CMOST) permission to use (name of applicant) _____ picture while involved in Museum programs. This included, but is not limited to press releases, promotional material, CMOST brochures, CMOST web site and any television segments.*

Parent/Guardian Signature: _____

Date: _____

If you have any question about the program, please contact Dawn Baldwin at 518-235-2120 or info@cmost.org.

Thank you for your support!