

Balboa Island MUSEUM NEWPORT BEACH®

High School Student VOLUNTEER APPLICATION

Today's Date _____

Name _____ Birth Date _____

Email _____ Cell _____

Address _____

Emergency Contact _____ Cell _____

I, parent of _____, release permission for my child to volunteer
at the Balboa Island Museum with adult supervision.

Signature of Parent _____ Date _____

Print Name _____

School _____ Grade _____

Comm. Service Advisor _____

Please return this application to the museum or send it via e-mail to
info@balboaislandmuseum.org
Thank you for your support!

210 B Marine Avenue, Balboa Island, CA 92662-0147
949-675-3952 www.balboaislandmuseum.org