

# Mississippi Museum of Natural Science

## Career Observation

Before a student may meet school requirements by working with a Museum staff member, we must have this completed application on file, including a signed Participation Consent Form and signed copy of the Teacher/Parent/Student/MMNS agreement document.

Upon receiving the completed application, the Volunteer Coordinator will respond to the request promptly.

\*\*\*Following the career observation time, we ask that a short journal-style reflection in writing be submitted within two weeks to the volunteer coordinator.\*\*\*

All items may be submitted by e-mail to [Thomas.tippit@mmns.ms.gov](mailto:Thomas.tippit@mmns.ms.gov), by mail or in person to TJ Tippit, Volunteer Coordinator, MS Museum of Natural Science, 2148 Riverside Drive, Jackson, MS 39202.

**PLEASE TYPE OR CLEARLY PRINT ALL INFORMATION.**

Name \_\_\_\_\_

Assigning teacher's name \_\_\_\_\_

School \_\_\_\_\_ School phone number \_\_\_\_\_

Parent/guardian phone numbers:

home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

School phone number \_\_\_\_\_

**How long (in hours) will you need to work with a staff member of MMNS?**

\_\_\_\_\_

**When are you able to be at the museum?\*** Please list days and times. The Museum is open from 8-5 weekdays, 9-5 Saturday, and 1-5 on Sunday.

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**What is your deadline for completion of the career observation?** By \_\_\_\_\_ (date).

**\*What is your school's expectation of you for this assignment? (Attach a copy of your assignment sheet please.)**

**\*Please note:** MMNS requires a 500 word (about 3 full paragraphs) journal style piece of writing to be submitted following your experience with us. This will be submitted via e-mail or mail to volunteer coordinator Ann Taylor within two weeks after completing your time shadowing a staff person here. **May be sent via e-mail, may also be typed or legibly handwritten and mailed in.**

Please address these questions in your writing:

- Whom did you shadow and what is his/her job title?
- What are his/her daily responsibilities?
- What path did he/she follow to achieve this career (what educational background, past experiences led them to this career?)
- What was most interesting/enjoyable to you about your job shadowing time at the Museum?
- After your job shadowing do you think the job you observed is one you might enjoy? Why or why not?

**Please list any medical condition that you have of which we should be aware.** (Ex: heart conditions, asthma, diabetes, etc.) **Please include your doctor's name and office phone number.**

Condition

Doctor

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**In case of an emergency, whom should we contact? You MUST list 2.**

Emergency contact: \_\_\_\_\_  
Name Relationship phone

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Name Relationship phone

**The agreement between the Mississippi Museum of Natural Science (MMNS), the student, the parent(s) and the school representative/student advisor, is as follows.**

**THE STUDENT AGREES:**

- 1.To communicate with MMNS in a clear and timely manner.
- 2.To abide by all policies and procedures of MMNS while on site.
- 3.To hold full responsibility for meeting school requirements regarding completion of assignment(s).
4. To provide MMNS with a complete application, including a participation consent form and emergency contact information, prior to the day(s) arranged for student's time at MMNS.
5. To arrive on time, as scheduled, and to maintain a positive attitude and responsible behavior.
6. To provide a minimum of 24 hours notice if unable to be present on the scheduled date or time.
7. To accept MMNS's right to end the opportunity at our discretion, because of a student's poor performance, poor attendance, inappropriate conduct or unacceptable attitude.

**THE MISSISSIPPI MUSEUM OF NATURAL SCIENCE AGREES:**

1. To provide an appropriate and well-managed educational opportunity.
2. To provide responsible direct supervision for the student.
3. To provide accurate record-keeping of the student's time at MMNS.
4. To communicate in a timely and clear manner with student, parent/guardian, and school representative.

**THE PARENT OR GUARDIAN OF THE YOUTH VOLUNTEER AGREES:**

1. To provide reliable transportation and appropriate attire for the student.
2. To facilitate the student's completion of MMNS and school requirements concerning the career study experience.

**THE TEACHER AGREES:**

- 1.To communicate with MMNS, the career study student, and his/her parent or guardian, in a timely and clear manner.
- 2.To facilitate the documentation of the students' experience here through submission of the reflective writing requested in this application.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Representative/Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
MS Museum of Natural Science Supervising Staff

\_\_\_\_\_  
Date

## Participation Consent Form

### INFORMED CONSENT FOR PARTICIPANTS IN PROGRAMS SPONSORED BY THE **MISSISSIPPI MUSEUM OF NATURAL SCIENCE**

In consideration for being offered opportunity to participate in sponsored programs by the Mississippi Department of Wildlife, Fisheries, and Parks' MISSISSIPPI MUSEUM OF NATURAL SCIENCE, I, the undersigned, do hereby acknowledge that I have been apprised of possible dangers that may occur during the period of participation, including activities as a passenger in a vehicle or during any field trip away from the Museum site, which is a part of said programs and activities required or offered. This consent form shall apply to any minor child (under 21 years of age) for which I have legal responsibility.

This instrument, to the extent not prohibited by law, will save harmless the State of Mississippi, the Mississippi Department of Wildlife, Fisheries and Parks, the Mississippi Museum of Natural Science, and employees of the State or Museum as pertains to the circumstance as described above.

**Name** \_\_\_\_\_  
(Please print)

**Date of Birth** \_\_\_\_\_

**Affiliation** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_  
(In case of emergencies)

**I have read the above instrument and fully understand its intent.**

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Witnessed** \_\_\_\_\_