

# Mississippi Museum of Natural Science

## Mentorship/Senior Project Application

Before a student may meet any 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.

**Be very specific** in addressing why you are seeking a mentorship with a staff member here at MMNS. Review our website for information about the kind of work our staff does in research, education and collections. Tell us what you are hoping to learn from being a mentor student here.

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

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

Name \_\_\_\_\_

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

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

Parent/guardian phone numbers:  
home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Student phone number: \_\_\_\_\_

**Complete this statement:**

**I would like to complete my mentorship requirement at the Museum of Natural Science because** \_\_\_\_\_

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**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. Weekends may not be available unless your mentor is able to meet you then.

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

How many mentorship hours must you have and by what date(s) ?

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**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, 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.
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 mentorship experience.

**THE TEACHER AGREES:**

1. To communicate with MMNS, the mentor student, and his/her parent or guardian, in a timely and clear manner.
2. To facilitate sharing of any papers or other work produced as a direct product of the mentorship experience.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Representative/Student Advisor

\_\_\_\_\_  
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** \_\_\_\_\_