

John Lewis Society Application

Frontier Culture Museum of Virginia

JOHN LEWIS SOCIETY 2023 STUDENT APPLICATION FORM

(Please print)

Name: _____

Age and Date of
Birth: _____

Home Address: _____

City and State: _____

Primary Telephone: _____

Secondary Telephone: _____

Additional Emergency Contact number: _____

Parents/ Guardians Name(s):

Student's Email:

Parent's Email (if different):

(We will use both email accounts to communicate with JLS members if email addresses are available. Please note "no email" if you do not have an email account.)

Parents or Guardians signature: _____

(By signing, you are accepting the expectations of the JLS program and consenting to your child's photo potentially being used.)

Does the participant have any medical condition that may affect their participation, such as asthma, heart troubles, epilepsy, common injuries, etc.? Yes _____ No _____

If yes, please explain

Does the participant have any allergies, including bee stings? Yes _____ No _____

If yes, please explain

Does the participant take any medications? Yes _____ No _____

If yes, please explain

Is the participant updated on tetanus vaccination? Yes _____ No _____

Date of last vaccination _____

School You Attend:

During your time in the JLS, you understand you may be interacting with many different visitors, museum staff and other John Lewis Society members whose opinions may differ from your own. Is your student willing and able to meet this expectation?

Yes _____ No and if so, why?

Please mail your completed application:

John Lewis Society

c/o Education and Interpretation Department

Frontier Culture Museum of Virginia

PO Box 810

Staunton, VA 24402-0810

johnlewisociety@fcmv.virginia.gov

*All application materials must be received by January 10, 2023 and can be mailed or dropped off at the Museum's Administration building

