



## HIGH SCHOOL & COLLEGE VOLUNTEER APPLICATION / CREATIVE WORKSHOP YOUTH HELPERS SCHOOL YR 2020/2021

We can work with a small number of high school aged or current college student aged volunteers for our children's program. Most help in on Saturdays, some may be digital or with special projects.

Please read the requirements and fill out form below.

Forms can be returned to Rachael Baldanza (rbaldanza@mag.rochester.edu), or Mary Ann Monley (mmonley@mag.rochester.edu). Calls can be directed to 276-8956.

We cannot accept more than 4\* current high school & college volunteers at any time.\*That number does not include college interns. College internships are generally semester long unpaid, but sometimes credit-worthy commitments that benefit both the museum and the intern.

### Volunteer requirements:

- Must be at least 16 and no older than 24 years old
- Volunteers should have prior experience with art or children
- **If turning or over 18 years old, volunteers must fill out additional paperwork**
- A short interview over the phone, zoom or in person with Rachael or Mary Ann
- Youth volunteers should have an identified interest in art, education or museum work
- Volunteers should expect to commit to 3 hours a week on Saturdays for about 8 weeks (school year) or two weeks of 3 hours a day (Summer)
- Commitment. Youth volunteers may become College interns if there is an 'intern-worthy' project they are suited for.

Name \_\_\_\_\_ Birth Date \_\_\_ / \_\_\_ / \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Name of school attending \_\_\_\_\_

In case of emergency we can notify \_\_\_\_\_

Relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

How would you like your name to appear on your name tag?

\_\_\_\_\_

Have you ever done volunteer work?

Where? \_\_\_\_\_

For how long? \_\_\_\_\_

Education:

High School \_\_\_\_\_ Year \_\_\_\_\_

Please list any special interests, skills, talents or hobbies. \_\_\_\_\_

\_\_\_\_\_

Are you interested in volunteering in a particular area of the Gallery?

Why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had experience in working with children?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What age? \_\_\_\_\_

#### ADDITIONAL VOLUNTEER INFORMATION

Please state any restrictions that would affect your availability for volunteer work at the Gallery (Work schedule, school, family, transportation).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you become interested in volunteering at the Memorial Art Gallery?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We are pleased that you have expressed an interest in volunteering at the Memorial Art Gallery, and we hope that your experience here is a rewarding one for you.

Thank you!

\_\_\_\_\_  
Volunteer please sign

\_\_\_\_\_  
Administrator of Volunteer Services and Tours/ CW Curriculum Director/ CW Registrar

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For office use only

Placed \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_

Rolodex \_\_\_\_\_ Mailing List \_\_\_\_\_  
Time Sheet \_\_\_\_\_

Name Tag \_\_\_\_\_

Welcome letter \_\_\_\_\_

Termination Date \_\_\_\_\_ Reason \_\_\_\_\_