



TEEN VOLUNTEER APPLICATION

Application Deadline: 5 pm, Friday, April 1, 2011

Please completely fill out and return application to:
Jill A. Overlie, Curator of Education
Longmont Museum & Cultural Center, 400 Quail Road, Longmont, CO 80501

Today's Date/Year _____

Your Age & Birth Date: _____ (Required minimum age is 14)

First and Last Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Teen's Cell # _____ Teen's home # _____

Your E-mail Address _____

(The Curator of Education frequently uses e-mail when she needs to contact the teens in this program. The Museum does not share or sell e-mail addresses or any personal information with anyone.)

Grade you will be in this fall: _____ School attending: _____

Have you ever volunteered before? _____ (If yes, please fill out section below)

Volunteer History

1. Name of place and address: _____
Supervisor's name and phone #: _____
Your duties: _____

2. Name of place and address: _____
Supervisor's name and phone #: _____
Your duties: _____

Why do you want to be a Museum volunteer?

What are your interests and hobbies?

What skills could you use in assisting with Museum projects?

(for example, arts & crafts, digital photography, science, organizational, etc.)

Credit Hours

If you need to earn hours for school (i.e., honors society, IB program, etc.) please give the number of hours you are required to contribute: _____

By what date? _____

For which organization/school? _____

The Longmont Museum has a variety of opportunities for teen volunteers. Please check the ones you are most interested in. Many teen volunteer during the summer, but some also volunteer throughout the year, as needed.

Education:

Kids' Summer Camps _____
Preparing education projects, materials _____
Day of the Dead _____

Curatorial:

Archives – research, cataloging/inventory _____
Exhibits – prepare, install exhibits as needed _____

Reception Desk:

Bulk mailing preparation _____
Misc. clerical work _____

Misc:

Special events at the Museum _____
Special community events/fairs _____

Personal References

Give the names, addresses, & telephone numbers of two adults who are not relatives.

Name: _____

Address: _____

Phone: (work) _____ (home) _____

Relationship: _____

Name: _____

Address: _____

Phone: (work) _____ (home) _____

Relationship: _____

Your Signature: _____

Date: _____

Please have your parent or guardian complete the following:

PARENT OR GUARDIAN APPROVAL

_____ (minor's name) has my permission to participate in the Teen Volunteer Program of the Longmont Museum. I am aware of the responsibilities involved and will encourage punctuality, reliability, and dedication to those responsibilities.

I have read the job description and understand the extent of my _____'s participation.
(Relationship)

Parent's or Guardian's Name (please print): _____

Signature: _____

Address: _____

City, State, ZIP: _____

Phone: (cell) _____ (home) _____ (work) _____

Name of your teen participating: _____

Allergies/food allergies: _____

Special needs (physical, emotional, behavioral) and/or medical conditions/medications

Emergency Contact:

Name: _____ Phone: _____

Relationship to the family/teen: _____

EMERGENCY MEDICAL AUTHORIZATION:

As the parent or legal guardian of _____, I furthermore give permission to the City of Longmont and its employees and volunteers to obtain emergency medical treatment for my child over whom I have legal custody, who is listed above.

I understand that all reasonable effort will be made to contact me prior to seeking medical care for the child listed above. If I cannot be reached, the City of Longmont will exercise reasonable judgment in seeking medical treatment for my child.

The City of Longmont may contact the following health care provider for medical treatment or other health care providers if the health care provider listed below is not available.

Physician or other health care provider: _____

Address: _____ Phone: _____

Parent/guardian signature: _____

**ACKNOWLEDGMENT OF RISKS TO MY MINOR CHILD/WARD
WHEN PARTICIPATING IN THE TEEN VOLUNTEER PROGRAM
SPONSORED BY THE CITY OF LONGMONT**

I understand that there are certain risks involved in participating in this City of Longmont program, including the risk of physical injury. I hereby RECOGNIZE, ACKNOWLEDGE AND ACCEPT on behalf of my child/ward such risks. I furthermore AGREE that it is acceptable to me and to my child/ward that my child/ward participate in this program although such risks, including the risk of physical injury, exist. I RECOGNIZE AND AGREE that the City of Longmont may not be able to prevent injury to my child/ward and further RECOGNIZE AND AGREE that the City of Longmont cannot guarantee that no injury will occur to my child/ward.

Signed: _____ Date: _____

Printed name of parent/guardian

Name of child/ward: _____

PHOTOGRAPH RELEASE

To more effectively promote programs and activities sponsored by the City of Longmont, the City of Longmont seeks the permission of program and activity participants to photograph and/or video (referred to as photograph) the participants and/or their child/children/ward(s) participating in City of Longmont programs and activities. Please complete the following section:

I, _____, the parent or legal guardian of _____, permit the City of Longmont to take and use photographs of me and/or my child/children/ward(s), and copyright them, for the purpose of promoting City of Longmont programs and activities. This includes permission to publish photographs of me and/or my child/children/ward(s) for such purpose and to the use of any printed matter in conjunction with the photographs. I understand that such photographs of me and/or my child/children/ward(s) remain the property of the City of Longmont.

I also waive any right that I may have to inspect or approve the finished product or products, or the advertising copy or printed matter that may be used in connection therewith, or the use to which it may be applied. I release, and agree to save harmless the City, its officers, agents, volunteers, assistants, and employees, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of the photographs or in any subsequent processing, as well as any publication, even though it may subject me to ridicule, scandal, reproach, scorn, and indignity.

I am 18 years old or older and have every right to sign this release on my behalf and/or on behalf of my child/children/ward(s).

Signature: _____ Date: _____

TEEN VOLUNTEER – 2011 CAMP CHOICES
PLEASE RETURN THIS SHEET WITH YOUR APPLICATION

YOUR FIRST & LAST NAME: _____

**PLEASE MARK ALL CAMPS THAT YOU ARE AVAILABLE FOR - IN ORDER OF PREFERENCE
 (#1 BEING YOUR FIRST CHOICE)**

Keep in mind that you must be available Monday through Friday for the camp you choose and attend the prep day, if applicable. All teen volunteers must attend the Mandatory Orientation. *The camp times listed below are times for volunteers (they are not when the camps begin and end).* For camp descriptions, refer to the Museum's 2011 Summer Camps brochure or visit our website at www.ci.longmont.co.us/museum

Mandatory Orientation:

Friday June 3, 10 am – noon

_____ (please check that you will attend)

Beading and Jewelry Making of the Sea, ages 7-10

Session I: June 6-10, 8:30 am – 12:30 pm

_____ (two volunteers needed)

Science Magic, ages 6 -8

Session 1: June 6-10, 12:30 – 4:30 pm

_____ (two volunteers needed)

Searchers, Seekers & Settlers, ages 7-10

At Old Mill Park, 237 Pratt, Longmont

Mandatory Prep Day

Session 1: June 13-17, 8:15 am – 2:15 pm

Session 2: June 20-24, 8:15 am – 2:15 pm

Thursday June 9, 9 am -1 pm, at Old Mill Park

_____ (three volunteers needed)

_____ (three volunteers needed)

Hunters, Artists & Tipi Makers, ages 7-10

Mandatory Prep Day

Session 1: June 27-July 1, 8:15 am – 12:15 pm

Session 2: June 27-July 1, 12:45 – 4:45 pm

Thursday, June 23, 9 am -1 pm, at the Museum

_____ (two volunteers needed)

_____ (two volunteers needed)

Skateboard Deck Painting, ages 9-13

Session 1: July 7 & 8, 8:30 am – 12:30 pm

_____ (one volunteer needed)

Art-Rageous Animals! ages 8-12 (new art camp)

Session 1: July 11-15, 8:30 am – 12:30 pm

_____ (three volunteers needed)

Super Duper Science, ages 4-5

Session 1: July 18-22, 8:30 am – 12:30 pm

Session 2, July 18-22, 12:30 – 4:30 pm

_____ (two volunteers needed)

_____ (two volunteers needed)

Ocean Discovery, ages 4-5

Session 1: July 25-29, 8:30 am – 12:30pm

_____ (two volunteers needed)

NOTE: *We do not need any volunteers for Life in Ponds & Streams.*