



OREGON COAST AQUARIUM NEWPORT

YOUTH VOLUNTEER PROGRAM

For more information, see our website at www.aquarium.org
or contact the Oregon Coast Aquarium:
volunteer@aquarium.org or 541-867-3474 x5312

WHO: High School Students

WHAT: Participate in the Teen Naturalist Program! Help “inspire the public to better understand, cherish and conserve marine and coastal ecosystems” by joining our team of enthusiastic and knowledgeable youth!

WHY:

- Learn about life in & around the ocean
- Inspire conservation
- Enhance your resume & college applications
- Make new friends
- Have Fun!

WHEN: Youth volunteer two half day shifts per week during June, July and August.

HOW DO I APPLY?

Fill out an application:

<http://aquarium.org/support/volunteer>

Questions? Contact Youth Programs:

volunteer@aquarium.org or 541-867-3474 x5312

**APPLICATIONS ARE DUE
MARCH 20, 2015**





Timeline:

Spring: Attend Youth/Parent Orientation Night in March. Mandatory interpretive training is scheduled for six Saturdays in April and May (see dates below). In addition, youth volunteers have a program specific training scheduled for June 13th.

Summer: Volunteer for interpretive shifts twice a week for 5 hours a day. Students also have a chance to participate in a variety of special events, field trips, social programs, basic animal care and interact with aquarium staff and volunteers. The Aquarium will host a Volunteer Recognition event as well as a youth only sleepover at the end of August.

How do I participate?

- 1.) Complete an application and questionnaire. Make sure you and your parent or guardian sign application. Give references to **two** adults who are not relatives, but know you well (i.e. teacher, coach, group leader) and have them return the forms to the address below.
- 2.) Return completed application via mail or fax by **March 20, 2015** to:
Oregon Coast Aquarium, Attn: Youth Programs
2820 SE Ferry Slip Road
Newport, OR 97365
Fax: 541-867-6846
Email: volunteer@aquarium.org
- 3.) Once we have received the application, we will contact you to schedule an interview.
- 4.) After interviews are complete, we will contact you on whether you are accepted.
- 5.) Accepted volunteers attend a youth/parent orientation on **March 31, 2015** and bring program dues.
- 6.) Attend mandatory volunteer training sessions on **April 4, 11, 18 and May 2, 9, and 16, 2015**.
- 7.) Participate in Teen Naturalist Orientation Day on **June 13, 2015**.
- 8.) Commit to volunteer two 4.5 hour shifts per week (this can be done on two separate days or together on a single day) from **June 17-August 29, 2015**.

Questions?

Contact Youth Programs at

volunteer@aquarium.org or **541-867-3474 x5312**

Keep This Page for Your Records





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YOUTH VOLUNTEER APPLICATION

Fill out form online and email to volunteer@aquarium.org or
print application and mail to Youth Program, Oregon Coast
Aquarium, 2820 SE Ferry Slip Road, Newport, OR 97365

Please Print Legibly in **Blue** or **Black** Ink.

Applicant name: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Email address: _____

How often do you check email: _____ Do you have internet access at home? _____

Cell Phone: (_____) _____ Home phone: (_____) _____

Does your cell phone accept texts: _____ Best time to call: _____

What is the best way to contact you (please circle): Home Phone Cell Phone Text Email

High School: _____ Grade Level: _____ Birthday: _____ Age: _____ Gender: M F

Name of Parent/Guardian: _____ Relationship to Applicant: _____

Phone number of Parent/Guardian _____ Email address: _____

How did you hear about the Youth Volunteer Program?

- ☐ Former Youth Volunteer (who) _____
- ☐ Friend
- ☐ Teacher/adviser (who) _____
- ☐ Aquarium Staff/Volunteer
- ☐ Aquarium Website
- ☐ Other

Do you qualify for free or reduced price lunch?

☐ Yes ☐ No

What days would you be interested in volunteering
(check all days that apply, checking boxes does not
necessarily mean you will work those days):

☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat.
☐ Morning ☐ Afternoon ☐ All Day

Do you have any foreseeable conflicts with the
schedule? ☐ Y ☐ N If so, please
describe: _____

T-Shirt Size:

- ☐ Small
- ☐ Medium
- ☐ Large
- ☐ XL

Youth Volunteers will receive one t-shirt at the
beginning of the program. If you like you may purchase
additional t-shirts for \$10.

Would you like to purchase additional t-shirts? _____
If so, how many? _____

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SHORT ANSWER QUESTIONS

Please answer these questions as they will help us learn more about you. Attach additional sheets if needed and print legibly in blue or black ink or type responses.

(1) Why do you want to be a youth volunteer at the Aquarium?

(2) What do you expect or want from your Aquarium experience?

(3) What should the Aquarium expect from you?

(4) What extra- curricular activities (hobbies, sports, groups etc.) do you participate in?

(5) Describe any experience you have working in a group, with children, teaching others and public speaking.

(6) Have you been involved in other volunteer activities before? If so, please describe.

(7) Describe how you see yourself as a leader and what leadership skills you want to gain.

(8) What is your favorite marine animal and why?

(9) Is there anything else about you that we should know when considering your application?

(10) Who will be providing you transportation to and from the Aquarium?

Name: _____

Relationship to Applicant: _____

Phone Number: _____

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I am sending in my application complete with:

- ☐ Contact information
- ☐ Signatures
- ☐ Application questions

☐ I have asked **two** adults to fill out the reference worksheet. They have agreed to mail it to the youth program coordinator by the application deadline.

By applying to the program and signing below, I understand that I am . . .

1. Agreeing to be interviewed by a representative of the Aquarium.
2. Required to pay a nonrefundable \$40 program fee
3. Expected to complete all required training
4. Expected to volunteer the required number of hours.

Student Signature _____ Date _____

Parental Consent

By signing below I acknowledge that I have read over the application with my son or daughter and agree with their participation if they are accepted into the program. I understand that communication is primarily between the coordinator and my son/daughter and I will be notified when necessary or as I have requested. I will contact the Youth Programs Coordinator if I cannot attend the parent meeting and if I have any questions or concerns.

The Oregon Coast Aquarium is proud of our diverse and inclusive programs. Consistent with our corporate non-discrimination policy and applicable laws, OCAq programs are open to everyone regardless of race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.

Upon acceptance into the program, your child will be asked to complete a medical waiver prior to training. If you have concerns you believe would be pertinent to accomodating your child for the application process please let us know.

Parent /Guardian signature: _____ Date: _____