YouthALIVE! VolunTEEN Program

(412) 322-5058 x238
www.pittsburghkids.org
Fax Number: 412-322-4932

Please return completed application to:

JuWanda Thurmond
HR & Volunteer Coordinator
Children’s Museum of Pittsburgh
10 Children’s Way
Pittsburgh, PA 15212
412-322-5058 Ext. 238
Email: Jthurmond@pittsburghkids.org
The YouthALIVE! VolunTEEN Program at the Children’s Museum of Pittsburgh is comprised of high school students from throughout the Pittsburgh area. **Chosen applicants will commit to work at least 50 hours during the summer OR at least 120 in one year from starting date. Applicants are also required to participate in a Job Readiness Workshop provided by the Museum.** Participants will choose an area of interest within the Museum, and volunteer two-days per week. A maximum of five hours per day is required (minimum four hours) of all members. Applicants work primarily as a part of the Museum’s Floor Staff Team, though there are possibilities for students to work at outreach festivals or in other capacities of the Museum. If you have a special talent that can be showcased, please let us know. The Children’s Museum of Pittsburgh relies on volunteers to help keep a clean and fun environment for our visitors. *We are looking for outgoing, positive youth who are interested in working with children and their families.*

The benefits of being a YouthALIVE! VolunTEEN at the Children’s Museum of Pittsburgh:
* Gain experience working with children
* Make new friends
* Work in a creative environment
* Learn about a museum career
* Serve the community
* Gain valuable workforce skills

Please check all that apply to you...

___ I am in high school in 9, 10, 11 or 12 grade.
___ I am able to commit to a minimum of 50 hours for the summer or 120 hours in one year.
___ I can find transportation to and from the Museum.
___ I am interested in working with children and their families.
___ I can work independently.
___ I can follow directions.
___ I am aware that part of my volunteering may include maintaining a clean and fun Museum environment.
___ I have a **positive attitude** and can convey that to visitors.
___ I can commit to my work responsibilities including **being on time and following a schedule.**
___ I have an interest in gardening or broader environmental issues.

Please see attached referral form to be filled out by two people, 18 years or older who can vouch for your character. Ex: teacher, counselor, mentor, etc. (parents/guardians, peers excluded)
APPLICATION
YouthALIVE! VolunTEEN Program - Children’s Museum of Pittsburgh
(Please Print Clearly in Blue or Black Ink)

STUDENT INFORMATION:
Name: ____________________________________________
Address: __________________________________________
City: __________________________State: ________________________ Zip: ______________
Home Phone: __________________________Cell Phone: __________________________
Email: ____________________________________________ Do you check it often? ________
School: ____________________________________________
Grade: _______ Birthday _____/_____/______ Expected Graduation Year: __________

PARENT/GUARDIAN INFORMATION:
Name(s): ____________________________________________
Address: ____________________________________________
City: __________________________State: ________________________ Zip: ______________
Home Phone: __________________________Work Phone: __________________________
Cell Phone: __________________________Email: __________________________
Relationship to Volunteer: ____________________________

PARENT/GUARDIAN PERMISSION
I authorize _____________________________ to participate in the YouthALIVE! VolunTEEN Program at the Children’s Museum of Pittsburgh, including any travel away from the Museum during scheduled volunteer times. I release the Children’s Museum of Pittsburgh from any and all claims, cost and liabilities due to accident, injury, or other harm to my child.
Parent/Guardian Signature ______________________________________________________

Student Commitment
I accept the position of YouthALIVE! VolunTEEN and agree to commit to at least 50 hours during the summer or 120 hours in one year. By signing this, I understand that as a volunteer, I am not entitled to monetary compensation for work performed or entitled to worker’s compensation or group benefits in the event of injury.
VolunTEEN Signature ______________________________________________________

Emergency Information
Family Doctor: ____________________________________________
Phone: __________________________________________________
Special Medical needs or Concerns/Allergies: __________

Two people to contact in an emergency if parent/guardian cannot be reached:
Emergency Contact #1: ____________________________________________
Relationship: ____________________________________________
Home Phone: ____________ Work Phone: ____________ Cell Phone: __________________________

Emergency Contact #2: ____________________________________________
Relationship: ____________________________________________
Home Phone: ____________ Work Phone: ____________ Cell Phone: __________________________
Please write a paragraph explaining why you would like to have the opportunity to become a YouthALIVE! VolunTEEN at the Children’s Museum of Pittsburgh:

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Have you ever volunteered before? If so, where and in what capacity?

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Please list any extracurricular activities, hobbies, talents, skills and interests that you may have:

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How did you hear about us?

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