

# *YouthALIVE! VolunTEEN Program*



(412) 322-5058 x238

[www.pittsburghkids.org](http://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](mailto: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: \_\_\_\_\_

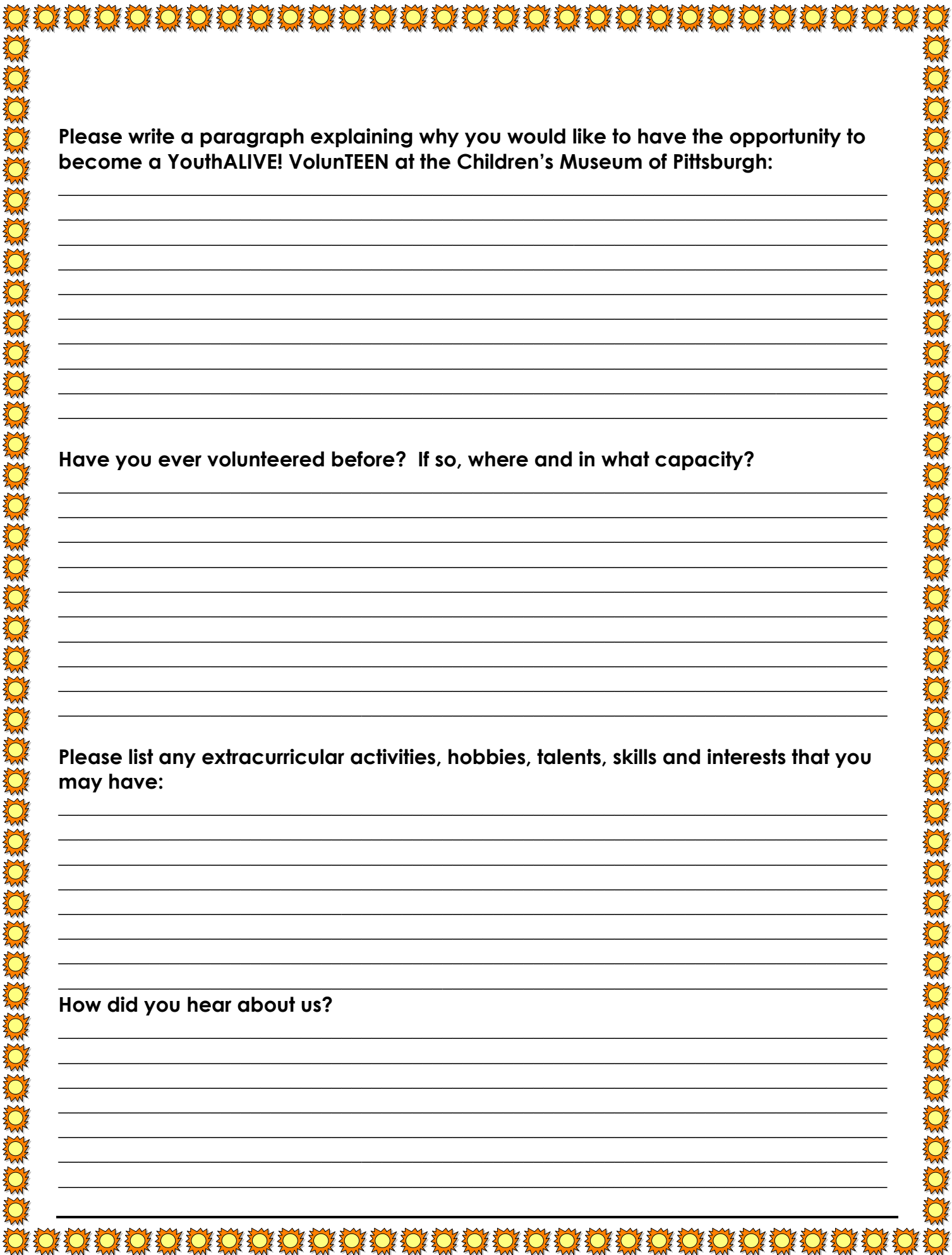
Relationship: \_\_\_\_\_

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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