

Summer Youth Volunteer Application

Instructions

Applicant must complete this form fully in blue or black ink in his or her own words. The Teacher/Mentor Recommendation Form should be completed by a teacher or mentor of the applicant's choice and submitted in a sealed envelope. Applicant must be at least 13 years old by May 31, 2007 to volunteer. Late or incomplete applications will not be considered—all applications must be postmarked by **Thursday, May 24, 2007.**

If you have any questions, contact Jeff Powley (803) 898-4912 or at Jeff.Powley@museum.state.sc.us

I. Biographical Information

First Name	Middle Initial	Last Name	
Address		City, State	Zip
Phone	Email Address	Birth date	Age
Parent/Guardian Name		Daytime Phone	Evening Phone

II. Relevant Experience

This may include other volunteer experience or paid position s (baby-sitting, yard work, etc.) you have held up to now.

I understand that I am responsible for arranging for my own transportation to and from the museum. Yes

I will commit to one four-hour shift every other week. Yes

I am available weekends. Yes

I am available weekdays only. Yes

III. Applicant Statement

Please state in 100 words or less why you wish to become a South Carolina State Museum Youth Volunteer.

IV. Hobbies or special interests:

V. For parent/guardian: I understand that volunteers may be photographed for educational, archival and public relations purposes for the South Carolina State Museum.

Applicant's Parent/Guardian Signature

Date

I attest that all of the information in this application is true and that I completed it myself.

Applicant's Signature

Date

I attest that I have reviewed this entire application and the submitted availability for accuracy and that I understand the requirements of the position for which my child is applying.

Applicant's Parent/Guardian Signature

Date

Teacher/Mentor Recommendation Summer Science Camp Volunteer Application

_____ is applying to volunteer this summer with the South Carolina State Museum. The duties of this position include assisting museum guests in a variety of science-based activities.

Please rate the applicant on the following qualities, with 1 being lowest and 5 being highest.

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|--|---|---|---|---|---|-----|
| 1. Maturity and ability to be cooperative: | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. Reliable and punctual: | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. Ability to understand and follow directions well: | 1 | 2 | 3 | 4 | 5 | N/A |
| 4. Pleasant attitude and hard worker: | 1 | 2 | 3 | 4 | 5 | N/A |
| 5. Works well in a team setting: | 1 | 2 | 3 | 4 | 5 | N/A |
| 6. Outgoing personality: | 1 | 2 | 3 | 4 | 5 | N/A |
| 7. Ability to relate to children and adults: | 1 | 2 | 3 | 4 | 5 | N/A |
| 8. Leadership skills: | 1 | 2 | 3 | 4 | 5 | N/A |
| 9. Ability to communicate orally: | 1 | 2 | 3 | 4 | 5 | N/A |

Please elaborate on the above qualities and include any additional comments about this applicant you think we should know when considering this application.

Teacher/Mentor Name _____

Relationship to Applicant _____

Teacher/Mentor Signature _____

Please seal the completed form in an envelope and return it to Jeff Powley at the South Carolina State Museum. Replies may also be emailed to Jeff.Powley@museum.state.sc.us or faxed to (803) 898-4977. Please include the applicant's name in the subject line if replying via email. **All responses will be kept confidential from the applicant.** Thank you for your input!