



CMOSTeen Volunteer Program Application

The Children's Museum of Science and Technology (CMOST) accepts applications for the CMOSTeen Volunteer Program from individuals ages 14-18. This application must be completed by the applicant.

The CMOSTeen Volunteer Program requires an initial commitment of 48 hours and a minimum of 3 hours every other weekend.

Thank you for printing neatly

Applicant's Name: _____

Preferred Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Alt. Phone:** _____

Email address: _____

School you are currently attending: _____

Anticipated Year of Graduation: _____

How did you hear about the CMOSTeen Volunteer Program? _____

Previous and/or current employment and volunteer experience:

<i>Company</i>	<i>Position Held</i>	<i>Dates of Service</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What interests, skills, and special abilities do you have that would make you a great CMOSTeen volunteer?

Why would you like to volunteer at CMOST? _____

Which areas at CMOST would you prefer to work?

1. _____ 2. _____

Please read carefully and sign this CMOSTeen Volunteer Agreement:

I understand that as a volunteer, I am not entitled to monetary compensation for the work that I perform or entitled to worker's compensation or group benefits in the event of injury. A CMOST supervisor and I will evaluate my performance after 48 volunteer hours. If at anytime, it is determined that my responsibilities are not being satisfactorily fulfilled, The Children's Museum of Science and Technology (CMOST) has the right to terminate my services.

Applicant signature: _____ **Date:** _____

In case of an emergency, contact

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Alt. Phone: _____

Please list any medical restrictions, allergies, etc. that you feel pertinent to your CMOSTeen volunteering.



CMOSTeen Volunteer Availability Form

Applicant's Name: _____

What date are you available to start your volunteer experience?

What day(s) of the week would you prefer to volunteer?

What day(s) of the week are you not available to volunteer?

Please list dates in which your availability is affected by upcoming plans

If you do not plan on volunteering throughout the year, please state the timeframe you wish to volunteer? _____



CMOSTeen Volunteer Parent/Guardian Permission Form

Dear Parent/Guardian:

The Children's Museum of Science and Technology accepts volunteers 14 to 18 years of age to participate in the CMOSTeen Volunteer program with parent/guardian permission. Please complete this form in its entirety and return it to the applicant to be submitted with the application:

The Children's Museum of Science and Technology
CMOSTeen Volunteer Program
250 Jordan Road
Troy, NY 12180

Please print

Applicant's Name: _____

Parent/Guardian Name: _____

Relationship to Teen: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email:** _____

Permission to volunteer

I give permission for (name of applicant) _____ to be a CMOSTeen volunteer at The Children's Museum of Science and Technology. I understand that as a volunteer, this individual is neither entitled to monetary compensation for work performed, nor entitled to worker's compensation for work performed, nor entitled to worker's compensation or group benefits in the event of injury. The Children's Museum of Science and Technology supervisor and the volunteer will evaluate the volunteer's performance after 48 volunteer hours. If at anytime, it is determined that the volunteer's responsibilities are not being satisfactorily fulfilled The Children's Museum of Science and Technology has the right to terminate the individual's services.

Photography release

Photographs of CMOSTeen Volunteers in their various roles at The Children's Museum of Science and Technology may be taken throughout the year. *I give The Children's Museum of Science and Technology (CMOST) permission to use (name of applicant) _____ picture while involved in Museum programs. This included, but is not limited to press releases, promotional material, CMOST brochures, CMOST web site and any television segments.*

Parent/Guardian Signature: _____ **Date:** _____

If you have any question about the program, please contact Laurie Miedema, Director of Member and Guest Relations at 518-235-2120 or Lmiedema@cmost.org.
Thank you for your support!



CMOSTeen Volunteer Reference Form

Student:

Please complete the name, address and school information on page one of this reference form. Place the form in an envelope addressed to:

**The Children's Museum of Science and Technology
CMOSTeen Volunteer Program
250 Jordan Road
Troy, NY 12180**

Ask a teacher, counselor, coach, youth leader, principal, or other unrelated, adult supervisor to provide a reference for you by fill out the form and mailing or faxing it to the attention of the Volunteer Program at The Children's Museum of Science and Technology (CMOST). Your placement will not be determined until this form is returned to The Museum.

Applicant's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

School you are currently attending: _____

Grade: _____ **Anticipated Graduation Year:** _____

Dear Youth Leader:

Students interested in volunteering at The Children's Museum of Science and Technology must provide references from an interested but unrelated adult. This form is confidential and will become a permanent part of the volunteer's file at The Children's Museum of Science and Technology. Your candid evaluation is essential to assist us in selecting suitable candidates for volunteer roles and matching those candidates with appropriate job responsibilities. After completion, please mail, or fax (518-235-6836) it to the attention of the Volunteer Program. If you have any questions regarding this form feel free to contact us at 518-235-2120 or at info@cmost.org.

Thank you for your interest and prompt response.

Please check all of the responses that apply and include comments if relevant in order to help determine qualifications, skills, and appropriate assignments.

Attendance

Exceeds Standards Meets Standards Needs Improvement

Dependability/Punctuality

Exceeds Standards Meets Standards Needs Improvement

Appearance (*neatness and following dress codes if any apply*)

Exceeds Standards Meets Standards Needs Improvement

Speaking Ability:

One on one

Exceeds Standards Meets Standards Needs Improvement

In front of groups

Exceeds Standards Meets Standards Needs Improvement

Reaction to Supervision:

Following Directions

Exceeds Standards Meets Standards Needs Improvement

Reaction to constructive criticism and discipline

Exceeds Standards Meets Standards Needs Improvement

Initiative (*self motivation*)

Exceeds Standards Meets Standards Needs Improvement

Ability to Learn

Exceeds Standards Meets Standards Needs Improvement

Work Attitude

Exceeds Standards Meets Standards Needs Improvement

Academic Performance

Exceeds Standards Meets Standards Needs Improvement

Overall Performance

Exceeds Standards Meets Standards Needs Improvement

Additional Comments:

Name _____

Phone _____ Relationship to student _____

Signature: _____

Date: _____