



CHILDREN'S MUSEUM OF SCIENCE + TECHNOLOGY SUNY POLYTECHNIC INSTITUTE

SUNY Poly CMOSTeen Volunteer Program Application

The SUNY Poly Children's Museum of Science and Technology (CMOST) accepts applications for the SUNY Poly CMOSTeen Volunteer Program from individuals ages 15 -18. This application must be completed by the applicant.

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

Personal and Confidential

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: _____

Have you ever been convicted of, or pled guilty or no contest to, a crime (felony or misdemeanor)? Please be sure to include Motor Vehicle Traffic misdemeanors. Yes No If yes, please provide date(s) of conviction(s) and offense(s):

A conviction is not an automatic bar from appointment. Each case is considered and evaluated on its individual merits in relation to the duties and responsibilities of the position for which you are applying.

How did you hear about the SUNY Poly CMOSTeen Volunteer Program? _____

Previous and/or current employment and volunteer experience:

<i>Company</i>	<i>Position Held</i>	<i>Dates of Service</i>
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What interests, skills, and special abilities do you have that would make you a great SUNY Poly CMOSTeen volunteer?

Why would you like to volunteer at SUNY Poly CMOST? _____

Which areas at SUNY Poly CMOST would you prefer to work?

1. _____ 2. _____

Please read carefully and sign this SUNY Poly CMOSTeen Volunteer Agreement:

I understand that as a volunteer for The SUNY Poly Children's Museum of Science and Technology (CMOST), I am not entitled to monetary compensation for the work that I perform nor entitled to worker's compensation or group benefits in the event of injury. A SUNY Poly CMOST supervisor and I will evaluate my performance after 48 volunteer hours.

If at any time, it is determined that my responsibilities are not being satisfactorily fulfilled, The SUNY Poly Children's Museum of Science and Technology (CMOST) has the right to terminate my services. I hereby certify that the facts set forth in this initial application are true and complete to the best of my knowledge. I understand that discovery or falsification of any statement of significant omission of fact may prevent me from obtaining a volunteer appointment or may subject me to immediate dismissal from that appointment. I authorize SUNY Poly CMOST to verify all data given in my application and my oral interview from the personal references listed in this application. This appointment is contingent on the satisfactory completion of a background investigation; this appointment will be subject to annual background investigations. I also understand that an interview does not guarantee a volunteer appointment nor obligate me to accept such appointment. The agreement is at-will and can be terminated by SUNY Poly Children's Museum of Science and Technology (CMOST) or the volunteer without explanation at any time. If offered a volunteer appointment, I understand that the volunteer agreement is for up to X months and could end sooner. I have carefully read and understand the above statements.

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 SUNY Poly CMOSTeen volunteering.

Museum Use Only

Interview (phone/in person): _____

Orientation: _____

Start Date: _____

End Date: _____



CHILDREN'S MUSEUM OF SCIENCE + TECHNOLOGY SUNY POLYTECHNIC INSTITUTE

SUNY Poly 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? _____



CHILDREN'S MUSEUM OF SCIENCE + TECHNOLOGY SUNY POLYTECHNIC INSTITUTE

SUNY Poly CMOSTeen Volunteer Parent/Guardian Permission Form

Dear Parent/Guardian:

The SUNY Poly Children's Museum of Science and Technology accepts volunteers 15 to 18 years of age to participate in the SUNY Poly 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:

**SUNY Polytechnic Institute
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 SUNY Poly CMOSTeen volunteer at The SUNY Poly 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 SUNY Poly 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 SUNY Poly Children's Museum of Science and Technology has the right to terminate the individual's services. I give the staff of SUNY Poly CMOST permission to perform a background check.

Photography release

Photographs of SUNY Poly CMOSTeen Volunteers in their various roles at The Children's Museum of Science and Technology may be taken throughout the year. *I give The SUNY Poly 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, SUNY Poly CMOST brochures, SUNY Poly 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 Operations at 518-235-2120 or lmiedema@sunypoly.edu.

Thank you for your support!



CHILDREN'S MUSEUM OF SCIENCE + TECHNOLOGY SUNY POLYTECHNIC INSTITUTE

SUNY POLY 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:

**SUNY Polytechnic Institute
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 SUNY Poly 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 SUNY Poly Children's Museum of Science and Technology (CMOST) 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 SUNY Poly 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: _____