

# *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  
Youth Programs Manager  
Children's Museum of Pittsburgh  
10 Children's Way  
Pittsburgh, PA 15212  
[Jthurmond@pittsburghkids.org](mailto:Jthurmond@pittsburghkids.org)

The *YouthALIVE! VolunTEEN Program* at the Children's Museum of Pittsburgh is comprised of approximately 20 high school students from throughout the Pittsburgh area. Each of these positions requires an application. Chosen applicants will commit to work at least four hours per week in the Museum. This work will primarily be as a part of the Museum's Floor Staff Team, though there are possibilities for students to work at outreach festivals or in other areas of the Museum. Many of our volunteers do performances or special projects, specific to the interests of the volunteer. 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 kids.* If this sounds like you, please fill out the following application and return it. For more information or if you have any questions, contact JuWanda Thurmond, Youth Programs Manager at (412) 322-5058 ext. 238 or [Thurmond@pittsburghkids.org](mailto:Thurmond@pittsburghkids.org) or Kimberly Bracken, Youth Programs Coordinator (412) 322-5058 ext. 220 or [Kbracken@pittsburghkids.org](mailto:Kbracken@pittsburghkids.org)

**The benefits of being a *YouthALIVE! VolunTEEN* at the Children's Museum of Pittsburgh:**

- \*Gain experience working with children and their parents
- \*Make new friends
- \*Work in a creative environment
- \*Experience new exhibits
- \*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 16 hours per month. If I can not attend I will take full responsibility to reschedule missed hours.
- 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.

**If you checked all of the above, please fill out and return both sides of the application on the next page. We encourage you to also include a resume or list of extracurricular activities.**

**Please see 2 attached referral forms to be filled out by principal, teacher OR school guidance counselor.**

# APPLICATION

YouthALIVE! VolunTEEN Program -Children's Museum of Pittsburgh  
(Please Print Clearly in Blue or Black Ink)

## STUDENT:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
School: \_\_\_\_\_  
Grade: \_\_\_\_\_

## PARENT/GUARDIAN:

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 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 \_\_\_\_\_

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## Emergency Information

Family Doctor: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Special Medical needs or Concerns: \_\_\_\_\_  
Health Insurance Carrier Name: \_\_\_\_\_  
Policy Holder Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
Your Policy ID#: \_\_\_\_\_ Group Policy#: \_\_\_\_\_  
No insurance (check here) \_\_\_\_\_

Two people to contact in an emergency if parent/guardian cannot be reached:

Emergency Contact # 1: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

