

# 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 15 years old to volunteer.

If you have any questions, contact Jeff Powley at (803) 898-4901 or at [volunteer@scmuseum.org](mailto:volunteer@scmuseum.org)

## 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.**

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**Applicant's Parent/Guardian Signature**

**Date**

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

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**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.**

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**Applicant's Parent/Guardian Signature**

**Date**

## Teacher/Mentor Recommendation Youth 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.*

- |   |   |   |   |   |   |     |
|---|---|---|---|---|---|-----|
| <b>1. Maturity and ability to be cooperative:</b>           | 1 | 2 | 3 | 4 | 5 | N/A |
| <b>2. Reliable and punctual:</b>                            | 1 | 2 | 3 | 4 | 5 | N/A |
| <b>3. Ability to understand and follow directions well:</b> | 1 | 2 | 3 | 4 | 5 | N/A |
| <b>4. Pleasant attitude and hard worker:</b>                | 1 | 2 | 3 | 4 | 5 | N/A |
| <b>5. Works well in a team setting:</b>                     | 1 | 2 | 3 | 4 | 5 | N/A |
| <b>6. Outgoing personality:</b>                             | 1 | 2 | 3 | 4 | 5 | N/A |
| <b>7. Ability to relate to children and adults:</b>         | 1 | 2 | 3 | 4 | 5 | N/A |
| <b>8. Leadership skills:</b>                                | 1 | 2 | 3 | 4 | 5 | N/A |
| <b>9. Ability to communicate orally:</b>                    | 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 Meika Samuel at the South Carolina State Museum. Replies may also be emailed to [volunteer@scmuseum.org](mailto:volunteer@scmuseum.org) 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!