

JUNIOR VOLUNTEER APPLICATION

*volunteers ages 13-17

The Montclair Art Museum is dedicated to a policy of non-discrimination on any basis including race, color, age, sex, religion, national origin, the presence of any mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal or state law.

Please complete the entire application

PERSONAL INFORMATION *(Please print)*

Name _____ D.O.B. _____ Today's Date _____

Address _____ Street _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell _____

Email Address _____

How do you prefer to be contacted? *Home Phone* *Cell* *Email* *No Preference*

Emergency Contact Name _____ Relationship _____ Phone _____

INTERESTS/SKILLS/ HOBBIES

Do you have experience with digital art? If so, please specify _____

Do you have experience with clay/ceramics? If so, please specify _____

Please specify the age of children you prefer to work with: *Children 5-7 years* *Children 8-12 years*

Do you have any health conditions or require any accommodations that will affect your volunteer capabilities? *MAM prides itself on being accessible to all and this information will help us ensure the best possible volunteer experience for you.* _____

Do you prefer to work on one-time activities or on a more regular basis? _____

Specify availability for each day of the week:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Do you need volunteer hours for a school/extracurricular program? If so, please list the name of the program and the number of hours needed/timeframe. (Example: 10 hours needed for National Honor Society by 6/1/18) _____

Consent of Parent/Guardian

I hereby give consent for _____ to join the Junior Volunteer Program at the Montclair Art Museum. This opportunity, as part of the team of the Montclair Art Museum, cannot be taken lightly and will therefore support my child's efforts to comply with terms of this commitment to maintain the scheduled day and hours. If my child is unable to attend a scheduled commitment, I will contact the Museum.

Signature of Parent/GuardianDate

Consent of Junior Volunteer

I understand that my participation in this program is a privilege and as a Volunteer of the Montclair Art Museum, I agree to maintain confidentiality of records and information of the Montclair Art Museum, its staff, and volunteers. I also agree to participate to the best of my abilities and to follow the rules and guidelines of the Museum.

Signature of Junior VolunteerDate

Thank you for your interest in the Montclair Art Museum Volunteer Program!

Volunteers will be contacted within 3 weeks of application submission.

Questions and completed applications should be sent to:

Sophiana Leto
Development Associate, Volunteers & Major Gifts
 Montclair Art Museum
 3 South Mountain Ave
 Montclair, NJ 07042
 Phone: 973-259-5124
 Fax: 973-746-9118
sleto@montclairartmuseum.org

Applications are preferred by mail, but are accepted by email and fax as well.
 Please complete the form on the following page.

Sponsor Recommendation Form for Junior Volunteers

This form should be completed by a professional reference, such as a teacher, coach, or supervisor. The Montclair Art Museum asks the sponsor to attest to the applicant's qualifications and character.

Sponsor Name _____
 Institution _____
 Mailing Address _____
 Phone _____ Email _____
 Applicant Name _____ Grade/Expected Grad. Year _____

Attendance Record	Punctuality Record
Good	Good
Average	Average
Poor	Poor

Characteristics	Good	Average	Poor
Leadership			
Ability to follow instruction			
Presentation			

Please indicate if you recommended this applicant for the Junior Volunteer Program:

Additional Comments:

Signature of Sponsor

Date