



Tallahassee Museum

TREE TO TREE ADVENTURES

T: (850) 575-8684
F: (850) 574-8243
W: tallahasseeemuseum.org
3945 Museum Drive
Tallahassee, FL 32310

Counselor in Training Volunteer Application

- You must be at least 15 years old to be eligible for the Youth Volunteer Program
- You must submit 2 letters of recommendation with your application and \$110 non-refundable application fee. *Fee covers mandatory background screen, t-shirt, processing fee.*
- You must pass a level 2 background screening prior to the first day of camp.

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL PHONE: (____) _____ HOME PHONE: (____) _____

EMAIL ADDRESS: _____

NAME OF PARENT(S)/ GUARDIAN(S): _____

SCHOOL: _____ GRADE: _____

WHO WILL PROVIDE TRANSPORTATION? _____

SHIRT SIZE: _____

Emergency Contacts:

NAME: _____

NAME: _____

PHONE: _____

PHONE: _____

RELATIONSHIP: _____

RELATIONSHIP: _____

Please list any known allergies:

Summer Camp Volunteer (Work hours are 8:30am 5:00pm Monday- Friday) Please stipulate availability and age group preference below. Please know that we will attempt to schedule you for all of your available weeks, but scheduling depends on numbers of children in camps.

AVAILABILITY:

Please check the weeks you are available to work.

_____ June 5- 9

_____ July 5-7

_____ July 31-August 4

_____ June 12-16

_____ July 10-14

_____ August 7-11

_____ June 19-23

_____ July 17-21

_____ June 26-30

_____ July 24-28



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Preferred Age you wish to Volunteer with:

You may be placed with any age group, but please check the age group(s) you prefer.

Ages: _____ 5-6 years _____ 7-8 years _____ 9-10 years _____ 11-12 years

Please list any special interests or hobbies:

Relevant Training or experience:

Why do you want to volunteer?

Requirements:

A \$110 non-refundable registration fee and two letters of recommendation must be submitted with this application. One letter must be from a teacher and the other from a non-relative adult. The submission of all required materials as a packet is part of the interview process.

I understand that:

- 1) The information that I have provided may be verified by contacting the persons or organizations in this application, or by contacting any person or organization that may have information concerning me with the exception of sealed records or information retained by juvenile court. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless Tallahassee Museum, employees, and volunteers there of
- 2) In signing this application, I acknowledge that I personally completed this document, have read the volunteer service description, and I agree to be guided by the rules and regulations of the Tallahassee Museum and the Tallahassee Museum Volunteer Program. I affirm that the information I have given on this form is true and correct.

Youth Signature: _____

Date: _____

I understand and give permission for my son/ daughter to participate in this program.

Parent/ Guardian Signature: _____

Date: _____

Application forms and all additional required materials must be received by May 10, 2017

Submit to:

Director of Education
3945 Museum Drive
Tallahassee, FL 32310