



VolunTeen Application

Must be 15 years old at time of application

Thank you for your interest in the High School VolunTeens Program at the Golisano Children's Museum of Naples (C'mon). Please complete this application and return it to the Museum or email ajohnston@cmon.org. We will notify you by email, if chosen. The next step will be the Volunteer Training Session.

Personal Information

Name (last) _____ (first) _____ Birthday (month/day/year) _____ / _____ / _____

Primary Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Best time to call _____

E-mail (required) _____

Volunteer Interests (please rate by number)

- | | |
|---|--|
| <input type="checkbox"/> Floor Team (interacting with guests in exhibits) | <input type="checkbox"/> Birthday Party Team |
| <input type="checkbox"/> Museum Store Team | <input type="checkbox"/> Outreach Team |
| <input type="checkbox"/> Library Team | <input type="checkbox"/> Development/Database Team |
| <input type="checkbox"/> Front Desk/Admissions Team | <input type="checkbox"/> Art Studio/Gallery |
| <input type="checkbox"/> Administrative Office/Reception team | <input type="checkbox"/> Other _____ |

- | | | |
|---|-----|----|
| Do you like children? | yes | no |
| Have you previously worked with children? | yes | no |
| Have you previously worked with special needs children? | yes | no |
| Do you enjoy talking with people you just met? | yes | no |
| Do you enjoy explaining things? | yes | no |
| Do you enjoy giving speeches or demonstrations? | yes | no |
| Do you like working with your hands? | yes | no |

Please list any relevant certifications (example First Aid, CPR, AED, life guard, babysitter training, etc.)

- _____ Date of certification: _____ / _____ / _____
- _____ Date of certification: _____ / _____ / _____

Do you speak any other languages? If so, please list: _____

Have you ever been convicted of or plead guilty to a felony or misdemeanor? _____ yes _____ no

If yes, please describe _____

Volunteer Essay

Please write an essay explaining why we should choose you as a volunteer. Give examples of how you would stand out as a volunteer and your goals at C'mon. It must be 250 words or more. (Write your essay on a separate piece of paper). Complete this step or you will not be considered as an applicant.

List any other skills, talents or limitations that we should be aware of. _____





Education

School: _____ Grade level: _____

Are you currently participating in the free or reduced lunch program? [] YES [] NO

Do you have access to a computer? [] YES [] NO

Do you need service hours? [] YES [] NO How many? _____ Completion date: _____/_____/_____

For what are you completing the hours? (Ex. Bright Futures, Key Club, etc.) _____

Do you know others who work or volunteer at C'mon? _____ If yes, name(s) _____

Are there any special accommodations needed for you to volunteer?

Extracurricular activities:

• Activity: _____ Position: _____ Years: _____

Description: _____

• Activity: _____ Position: _____ Years: _____

Description: _____

• Activity: _____ Position: _____ Years: _____

Description: _____

• Activity: _____ Position: _____ Years: _____

Description: _____

• Activity: _____ Position: _____ Years: _____

Description: _____

Emergency Contact

Name _____ Relationship _____

Phone _____ Phone _____





VolunTeen and Parent Acknowledgement

Dear Student and Parent/Guardian:

By completing and submitting this packet, you are applying for a position in the C'mon VolunTeen Program. Participants should expect to spend several hours per week at the Museum. C'mon relies heavily on volunteers to assist with staffing, delivering programs to visitors, and general running of the Museum. Here are a few general guidelines for C'mon VolunTeens:

- All VolunTeens must submit a complete application, including Parent Acknowledgement, Essay, and Reference forms in advance of their interview.
- All VolunTeens must attend training before beginning volunteer hours.
- VolunTeens are expected to give 48 hours notice if they will be missing a previously scheduled shift. Repeated unexcused absences will result in dismissal from the program.
- Supervisors may call VolunTeens who are more than 15 minutes late for a scheduled shift.
- All VolunTeens are expected to wear a C'mon polo shirt and name badge whenever volunteering at the Museum. Volunteers not dressed in accordance with the dress code may be sent home.

If you have questions about these guidelines or any other aspect of the C'mon VolunTeen Program, please do not hesitate to contact me directly. I can be reached at (239) 260-1718 or via email at ajohnston@cmon.org.

I look forward to meeting you and discussing our VolunTeen opportunities with you.

Sincerely,
Ann Johnston

I have read and understand the above guidelines. I understand that failure to comply with any of the above guidelines may result in dismissal from the C'mon VolunTeen Program.

Applicant Signature: _____ Date: _____

Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____





Volunteer Agreement

- I understand that I have entered into a volunteer relationship with the Golisano Children’s Museum of Naples (C’mon) and acknowledge that I shall not expect to receive any form of payment for volunteer talents and services I contribute to the Museum. I can terminate my volunteer service at any time and for any reason. C’mon also reserves the right to end my volunteer service whenever the Museum deems it to be in the best interest of the Golisano Children’s Museum of Naples.
- I certify that the information contained in my application for volunteer service is true to the best of my knowledge and belief. I understand that any omission of facts or misrepresentation is cause for denial of service and/or dismissal regardless of when discovered. I grant permission for the authorities of the Golisano Children’s Museum of Naples to investigate any references provided and release them from any and all liability resulting from such investigation.
- I agree that my acceptance of volunteering is contingent upon successfully meeting background check requirements. I further agree that if I have been convicted of a crime, the authorities of the Golisano Children’s Museum of Naples may obtain the details of the conviction to determine its relationship to the volunteer service.
- I understand that the Golisano Children’s Museum of Naples may take photographs from time to time for its publications and other uses. I authorize C’mon to use photographs of me without additional notification.
- I further acknowledge that this agreement is neither a contract of volunteer service, employment nor a legal document. I understand that I should contact the Floor Manager or Volunteer Coordinator with any questions in this handbook or any other policy of the Golisano Children’s Museum of Naples.

Printed Name: _____

Signature _____ Date _____

If under the age of 18, please complete:

Printed Name, Parent/Guardian _____

Parent/Guardian Signature _____ Date _____

Volunteer Confidentiality Statement

- Members of the Golisano Children’s Museum of Naples volunteer corps may be exposed to confidential information critical to the wellbeing of the organization. Therefore, it is the policy of the Museum that volunteers may not disclose, divulge, or make accessible confidential information belonging to, or obtained through their affiliation with the Museum to any person, including relatives, friends, and business and professional associates other than Directors and Officers of the Museum, Museum staff, or fellow volunteers (if that information is needed to fulfill the volunteer’s job responsibilities). Volunteers shall use confidential information solely for the purpose of performing services as a volunteer of the Museum. This policy is not intended to prevent disclosure where disclosure is required by law.
- Volunteers must exercise good judgment and care at all times to avoid unauthorized or improper disclosures of confidential information. In addition, volunteers should be sensitive to the risk of inadvertent disclosure via conversations in public places and the leaving of confidential information in areas where unauthorized persons may gain access.
- *“As used in this Agreement, the term “Confidential Information” shall mean any and all information concerning the Golisano Children’s Museum of Naples (“C’mon”) that C’mon treats as confidential and does not ordinarily make publicly available, including, without limitation, all statements, reports, meeting minutes, information, and data, whether financial or otherwise, in whatever form, regarding C’mon’s business, operations, strategies, finances or financial condition, donors and donor lists, prospects and prospect lists, volunteers and volunteer lists, security procedures employed by C’mon, and, without limitation, any “trade secrets” as that term is defined under Florida law.”*

Printed Name: _____

Signature _____ Date _____

If under the age of 18, please complete:

Printed Name, Parent/Guardian _____

Parent/Guardian Signature _____ Date _____





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:

**C'mon VolunTeens Program
Golisano Children's Museum of Naples
15080 Livingston Road
Naples, FL 34109**

Ask a teacher, counselor, coach, youth leader, principal, or another unrelated, adult supervisor to provide a reference for you by filling out the form and mailing or faxing it to the attention of the C'mon VolunTeen Program at the Golisano Children's Museum of Naples. Your placement will not be determined until this form is returned to us.

Please print

Student's Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

School Currently Attending _____ Grade _____

Dear Teacher/Counselor/Youth Leader/Coach/Principal/Supervisor:

Students interested in volunteering at Golisano Children's Museum of Naples (C'mon) must provide a reference from an interested but unrelated adult. This form is confidential and will become a permanent part of the volunteer's file at C'mon. Your candid evaluation is essential in assisting us in selecting suitable candidates for volunteer roles and matching those candidates with appropriate job responsibilities. After completion, please mail or fax (239) 260-1616 to the attention of **VolunTeen Program at C'mon**. If you have any questions regarding this form please feel free to contact Ann Johnston via telephone (239) 260-1718 or e-mail ajohnston@cmon.org. Thank you for your interest and prompt response!

Please complete the evaluation on the reverse side using a pen. Check all of the responses that apply and include comments if relevant in order to help determine qualifications, skills, interests and appropriate assignments.





Reference Form

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 AbilityOne on one

Exceeds Standards Meets Standards Needs Improvement

In front of groups

Exceeds Standards Meets Standards Needs Improvement

Reaction to SupervisionFollowing directions

Exceeds Standards Meets Standards Needs Improvement

Reaction to discipline and constructive criticism

Exceeds Standards Meets Standards Needs Improvement

Initiative (self motivation)

Exceeds Standards Meets Standards Needs Improvement

Willingness to Learn

Exceeds Standards Meets Standards Needs Improvement

Work Attitude

Exceeds Standards Meets Standards Needs Improvement

Performance

Exceeds Standards Meets Standards Needs Improvement

Additional Comments: _____

Name (please print) _____

Phone _____ Relationship to student _____

Signature _____ Date _____

