

Youth Volunteer Application

Instructions: To submit this form you can print and mail to the address below or click the submit button at the bottom of the form. If you choose to write your responses, please use blue or black ink. Please include the words 'Youth Volunteer' in the subject line of email responses.

The Teacher/Mentor Recommendation Form should be completed by a teacher or mentor of the applicant's choice and submitted confidentially. Applicant must be at least 15 years old to volunteer.

| Mail to: Jeff Powley South Carolina State Museum 301 Gervais Street, Rear, Columbia, SC 29201 | | If you have questions please contact: Jeff Powley Phone: (803) 898-4912 Email: jeff.powley@scmuseum.org. | |
|---|---|--|--------------------|
| Biographical Information | | | |
| First/Middle Initial/Last Name: | | DOB: _ | Age: |
| Address: | City: | State: | Zip: |
| Cell: Email: _ | | | |
| Relevant Information Working with or supervising children. This masummer camp, scout projects, community pro | ay include other voluntee ojects, etc.) you have hel | er experience or paid position ld up to now. | ons (baby-sitting, |
| Applicant Statement Please state in 100 words or less why you wis experience? | sh to become a Junior In | tern. How will you benefit f | rom the |
| | | | |

| Hobbies or Special Interests | |
|---|--|
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| | |
| Please initial: | |
| | |
| I attest that the information in this application is true | e and that I completed it myself. |
| Applicant Signature: | Date: |
| For Parent/Guardian: | |
| for which my child is applying. I understand that vo | or accuracy and that I understand the requirements of the position plunteers may be photographed for educational, archival and public seum. I will make sure my child arrives on time and is picked up |
| Guardian Signature: | Date: |