

Spring 2020 Studio Volunteer Internships

Thank you for your interest in volunteering for the Armory Studio program. This is an ideal internship for students who are interested in education, art, or working with children. Volunteer interns assist professional teaching artists in classes with children ages 3-11. Your assistance will greatly benefit the teachers and students who come here for their art experience. Ceramics, Stop Motion Animation, Drawing & Painting, Drama, and Photography are just a few of the many classes offered. This is an unpaid volunteer internship.

- Fall, Winter and Spring are ten week sessions
- Spring 2020 Session Dates: April 6 June 15
- No class the May 25
- Interns work in classrooms from 3:45pm 5:45pm, one afternoon a week

Class prep and set up: 3:45pm - 4:00 pm
 Class contact time: 4:00pm - 5:30 pm
 Class clean up: 5:30pm - 5:45 pm

- We ask that interns commit to one afternoon a week, for the full ten week session.
- Normally, we assign an intern to the same class for the duration of the session, but we do ask that interns be flexible regarding assignments
- All interns are required to sign in at beginning and end of shift
- All interns are required to fill out the accompanying paperwork
- Please do use cell phones during shifts

The Armory Center for the Arts is a nonprofit, donor supported organization offering innovative approaches to creating, teaching and presenting the arts, through classes and exhibitions at its main location in Old Pasadena, as well as a range of free programs in the community. For two decades, the Armory has trained professional artists to use their expertise and enthusiasm to teach and inspire individuals of diverse ages and backgrounds. www.armoryarts.org. For more information, please contact: volunteer@armoryarts.org.

To Turn in this form, you can:

- 1. Scan and email it to volunteer@armoryarts.org
- 2. Drop it off to the Armory Center
- 3. Mail it to:

ATTN: Studio Volunteer
Armory Center
145 N. Raymond Ave. Pasadena, CA 91103



Spring 2020 Volunteer Emergency Contact Form

volunteer Name:		Age:	
School and Grade:			
Home Address:			
		Zip:	
Email:	Parent ema	nil:	
Person to contact in the eve	nt of an emergency:		
Name:	Relationship to V	Volunteer	
Phone:	Cell:		
In the event that I cann following individual:	ot be reached at the above	e phone number(s), I authorize the	
Name:	P]	hone:	
	(Second Emergency (Contact)	
to any emergency treatme deem necessary. I further i	nt, transportation and/or hosp Inderstand that all costs of par	above cannot be reached, to give my cons pital care which a licensed physician may ramedic transportation, hospitalization, ation to this authorization shall be paid b	y
Does your child have any al	lergies or special needs?		
All volunteers in the Studio	Program shall be deemed to h	have waived all claims against the Armo ccurring during or by reason of the	
Unless I have otherwise in	licated, I accept all of the Prog	gram Policies listed on this document.	
Parent Signature		Date	
Day of the W	eek you would like to volu	nteer	

 ${\it Please \ do \ not \ forget \ to \ include \ your \ phone \ number \ and \ email \ addresses.}$