

ARMORY

Summer Studio 2020



Teen Volunteer Packet

ARMORY

2020

Hello Summer Volunteers!

Thank you for your interest in volunteering for the Armory's Studio 2020 Summer Program. Volunteers will work in classrooms, assisting teaching artists with children ages 3-11. Your assistance will greatly benefit the teachers and children who come here for their summer art experience. Volunteering at the Armory is a fun and wonderful way to support your local arts community!

Please fill out and return all forms. Enclosed you will find the following items:

- Volunteer Availability & Questionnaire Form (with sample form).
- Volunteer Agreement Form
- Emergency Information Form

Please take a few minutes to discuss your schedule with your parent/guardian and fill out the appropriate forms. Please note: We cannot allow students who are taking summer school to arrive late for their shifts.

To turn these forms in, you can:

1. Scan and email it to volunteer@armoryarts.org
2. Drop it off or mail to

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

Important Information:

- **June 29 - August 28:** Studio Summer Session (9 weeks.) Classes take place Monday to Friday
 - Volunteering is broken down into three time slots
 - Morning 8:15am - 12:15pm
 - Afternoon 12:15pm – 4:15pm
 - Aftercare 4:00pm – 6:00pm *** LIMITED SPOTS & ONLY 2 HOURS A DAY ***
- **Thursday, May 14 6:00pm - 7:30pm VOLUNTEER ORIENTATION**
- **By Thursday May 7:** Please **RSVP for orientation** meeting by emailing: volunteer@armoryarts.org. If you have volunteered at the Armory for at least one summer, and have attended one orientation meeting, then you are not obligated to attend the training. If attending, your parent/guardian does not need to attend with you due to limited space.
- **No phone calls please! If you have any questions please email volunteer@armoryarts.org**

Thank you for your interest in the Armory Studio Program. See you in the Studio!

Studio Programs
Armory Center for the Arts

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Volunteer Sample Availability & Questionnaire Form

Name (First & Last): SAMPLE Age: _____

Email: _____ Parent/ Guardian email: _____

To fill out the form: You must commit for the entire week each day at the same time slot. Mark an "x" on the line by all of the weeks/ times you are available. You may number your choices (e.g. 1st, 2nd, 3rd, or all) in the column. Please copy for your records.

Week One - 6/29 to 7/2

Time: 8:15-12:15 _____
Time: 12:15-4:15 _____
Time: 4:00-6:00 _____

Week Two - 7/6 to 7/10

Time: 8:15-12:15 X (1st)
Time: 12:15-4:15 _____
Time: 4:00-6:00 _____

Week Three - 7/13 to 7/17

Time: 8:15-12:15 _____
Time: 12:15-4:15 _____
Time: 4:00-6:00 _____

Week Four - 7/20 to 7/24

Time: 8:15-12:15 _____
Time: 12:15-4:15 X (3rd)
Time: 4:00-6:00 _____

Week Five - 7/27 to 7/31

Time: 8:15-12:15 X (4th)
Time: 12:15-4:15 X (5th)
Time: 4:00-6:00 _____

Week Six - 8/3 to 8/7

Time: 8:15-12:15 _____
Time: 12:15-4:15 _____
Time: 4:00-6:00 _____

Week Seven - 8/10 to 8/14

Time: 8:15-12:15 X (2nd)
Time: 12:15-4:15 _____
Time: 4:00-6:00 _____

Week Eight - 8/17 to 8/21

Time: 8:15-12:15 _____
Time: 12:15-4:15 _____
Time: 4:00-6:00 _____

Week Nine - 8/24 to 8/29

Time: 8:15-12:15 _____
Time: 12:15-4:15 _____
Time: 4:00-6:00 _____

Questionnaire: Please answer all questions

1. Total number of weeks that you want to volunteer (**IMPORTANT**) # of weeks: 3

2. Are you a member of NCL (National Charity League)? Yes / No

3. Have you volunteered for the Armory in the past? Yes / No

4. What experiences (if any) do you have working with children? Describe any interests, hobbies, or community service that enable you to be a good candidate for the Armory:

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Volunteer Availability & Questionnaire Form

Name (First & Last): _____ Age: _____

Email: _____ Parent/ Guardian email: _____

To fill out the form: You must commit for the entire week each day at the same time slot. Mark an "x" on the line by all of the weeks/ times you are available.

You may number your choices (e.g. 1st, 2nd, 3rd, or all) in the column. Please copy for your records.

Week One - 6/29 to 7/2

Time: 8:15-12:15 _____
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Questionnaire: Please answer all questions

1. Total number of weeks that you want to volunteer (**IMPORTANT**) # of weeks: _____

2. Are you a member of NCL (National Charity League)? Yes / No

3. Have you volunteered for the Armory in the past? Yes / No

4. What experiences (if any) do you have working with children? Describe any interests, hobbies, or community service that enable you to be a good candidate for the Armory:

Volunteer Agreement Summer 2020

Welcome to the Armory! This letter of agreement is for volunteers at the Armory Center for the Arts, during the 2020 Summer Studio Program. We are delighted that you are providing your talents and time to the Armory Studio Program.

Volunteer Responsibilities:

- **Sign in and out every day to maintain your volunteer hours in appropriate NCL or volunteer binder**
- attend mandatory orientation meeting
- assist with set up and clean-up of classroom/studio area and materials
- assist and encourage students on an individual basis during the class
- escort students to and from the restroom
- direct students to their class areas
- assist studio staff with directing students and parents in drop off and pick-up procedure

Rules and Guidelines:

- **Be on time!**
- **No food or eating during class or in the studio**
- **No use of electronic devices during class (NO PHONES!)**
- **Volunteers will not be allowed to leave the Armory during your shift; this includes the 30 minutes between classes**
- **Please use the education packet provided at the orientation to be familiar with how to work with children and art**
- **Email volunteer@armoryarts.org if you are absent or will be tardy on any day**

I have read and I understand the responsibilities described above. I understand and agree that my volunteer position includes being on time and ready to work my shift(s) at the scheduled time for the duration of each class. I understand that the Armory is not responsible for lost or stolen property and I will keep all valuables with me at all times.

Volunteer signature: _____ **Date:** _____

Parent/Guardian signature: _____ **Date:** _____

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Volunteer Emergency Contact Form Summer 2020

Volunteer Name: _____ Age: _____

School and Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Parent/ Guardian email: _____

Person to contact in the event of an emergency:

Name: _____ Relationship to Volunteer _____

Phone: _____ Cell: _____

In the event that I cannot be reached at the above phone number(s), I authorize the following individual:

Name: _____ Phone: _____ Cell phone: _____

Or a representative of the Armory, if the person named above cannot be reached, to give my consent to any emergency treatment, transportation and/or hospital care which a licensed physician may deem necessary. I further understand that all costs of paramedic transportation, hospitalization, examination, x-ray, or related treatment provided in relation to this authorization shall be paid by the undersigned.

Does your child have any special needs or health problems?

All volunteers in the Studio Program shall be deemed to have waived all claims against the Armory Center for the Arts for injury, accident, illness or death occurring during or by reason of the program or its activities.

Unless I have otherwise indicated, I accept all of the Program Policies listed on this document.

Parent/ Guardian Signature _____ Date _____

Please do not forget to include your email addresses.