

ARMORY

Summer Studio 2019



**Teen Volunteer
Packet**

ARMORY

Hello Summer 2019 Volunteers!

Thank you for your interest in volunteering for the Armory's Studio Summer Program 2019. 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)
- Emergency Information Form
- Volunteer Agreement 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.*

Mail or drop off all completed volunteer and emergency forms:

Armory Center for the Arts (ATTN: Summer Studio)

145 N. Raymond Avenue, Pasadena, CA 91103

Important Dates:

- **July 1 through August 23:** Studio Summer Session. Classes take place Monday through Friday from 8:30am-4:00pm.
- **Friday, May 17:** Schedule notification via email begins. *No phone calls please!*
- **By Thursday May 16:** Please **RSVP for orientation** meeting by emailing: volunteer@armoryarts.org. If you have volunteered at the Armory for more than 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.
- **Thursday, May 23 : 6:00-7:30p.m.: Volunteer Orientation**

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

Studio Programs

Armory Center for the Arts

volunteer@armoryarts.org

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Volunteer Sample Availability & Questionnaire Form

Name (First & Last) SAMPLE Age _____

Email: _____ Parent 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-7/1-7/5

Time: 8:15-12:15 _____

Time: 12:15-4:15 _____

Week Five-7/29-8/2

Time: 8:15-12:15 _____

Time: 12:15-4:15 _____

Week Two-7/8-7/12

Time: 8:15-12:15 X (1st)

Time: 12:15-4:15 _____

Week Six-8/5-8/9

Time: 8:15-12:15 X(4th)

Time: 12:15-4:15 _____

Week Three-7/15-7/19

Time: 8:15-12:15 _____

Time: 12:15-4:15 _____

Week Seven-8/12-8/16

Time: 8:15-12:15 X(5th)

Time: 12:15-4:15 _____

Week Four-7/22-7/26

Time: 8:15-12:15 _____

Time: 12:15-4:15 X (3rd)

Week Eight-8/19-8/23

Time: 8:15-12:15 _____

Time: 12:15-4:15 X(2nd)

Questionnaire: Please answer all questions

Total number of weeks that you want to volunteer: **IMPORTANT!** # of weeks: 3

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

Have you volunteered for the Armory in the past? If so, for how many years? Yes / No _____ years

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 AGREEMENT, SUMMER 2019

Welcome to the Armory! This letter of agreement is for volunteers at the Armory Center for the Arts, during the Summer Studio 2019. We are delighted that you are providing your talents and time to the Armory Studio Program.

Volunteer Responsibilities:

- 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; if you are late on the first day of class your hours will be canceled for the week**
- **No food or eating during class**
- **No cell phones, texting, or listening to music during shifts**
- **Volunteers will not be allowed to leave the building during your shift; this includes the 30 minutes between classes**
- **Please use the education packet provided at training to be familiar with how to work with children and art**

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 signature: _____

Date: _____

Director of Studio Programs: _____

Date: _____

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Summer 2019 Volunteer Emergency Contact Form

Volunteer Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Parent 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.

My child's health insurance

Plan Number _____ Phone _____

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 Signature _____ Date _____

Please do not forget to include your email addresses.