NYS Equal Rights Heritage Center Teen Volunteer Application

1. Applicant Information

Full Name:	Address:
Preferred Name:	City:
Birthdate:	State:
Gender:	Zip Code:
Age (must be at least 14 years):	Phone:
Email:	

2. Education/Work Information

Name of School (currently attending):_____

Grade:_____

If you are volunteering for school credit, community service, etc., please list how many hours are needed to fulfill your requirement, along with any other information about the requirement:

_____

_____

_____

Are you currently employed?

- ☐ Yes, please list the company name and current job title:

  _____
- ☐ No

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3. Parents/Guardians

Full Name(s):	Relationship:
Address:	Phone:
City:	Place of Work:
State:	Work Phone:
Zip Code:	Preferred Method of Contact:
Email:	

Will the applicant have reliable transportation?

- ☐ Yes
- ☐ No

Does the applicant have time in their schedule to dedicate to volunteering at the ERHC?

- ☐ Yes
- ☐ No

4. Parental Permission and Medical Information

I, _____, give my permission for _____ to participate in the teen volunteer program at the Equal Rights Heritage Center. I am aware that they have assumed the responsibility of volunteering and I will be certain that they are present for their shifts or that the staff is informed of absences. I understand that transportation is not provided.

Parent/Guardian Signature and Date:_____

Does this applicant have any known allergies or other medical or physical needs that our staff needs to be aware of?

_____

_____

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Primary Physician's Name and Phone: _____

5. **Emergency Contacts** (if someone other than a parent or guardian)

Contact #1	Contact #2
Name:	Name:
Relationship:	Relationship:
Phone:	Phone:

6. **Photo Release**

I consent to and authorize the use and reproduction of all images, video, and other media that are taken of my child/ward, _____, by the ERHC or anyone licensed by the ERHC for any purpose without compensation to me.

All images are owned by the ERHC. The ERHC reserves the right to edit and use these images in print or electronically, on our website, in other educational content, or for any other purpose. I understand the likeness of my child/ward may appear in internal publications, promotional audio/visual presentations, or external publicity, including, without limitation, use on the Equal Rights Heritage Center's website, social media, or annual report. I acknowledge that I am 18 years of age or older and have read and understand the terms of this release.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature and Date: _____

7. **Availability**

Desired Start Date: _____

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Please list regular availability for scheduling purposes. Typical shifts in the Center last 3-4 hours. We are only open on Mondays May-October.

Shift	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM (10-1:30)						
PM (1:30-5)						

8. **Volunteer Opportunities:** Please circle preferences.

Gift Shop Desk Attendant (must be 16+)	Costumed Interpretation
Special Events	Research/Writing
Light Cleaning/Maintenance	Musician/Artist

9. **Applicant Questions:** Please write clearly. If you need more space, you may attach additional pages.

1) Have you ever visited the NYS Equal Rights Heritage Center?
    a) Yes
    b) No

2) Will you have reliable transportation?
    a) Yes
    b) No

3) Do you believe you have the time to dedicate to volunteering at the ERHC?
    a) Yes
    b) No

4) How did you hear about this opportunity?

_____

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5) What skills, talents, or special interests do you have that would make you a great teen volunteer at the Equal Rights Heritage Center?

6) Please name all school or community groups in which you participate, including any leadership roles you may have.

7) Please describe any past work or volunteer experience you have.

8) What is your favorite historical fact and/or who is your favorite historical figure?

9) Please write a paragraph describing why you would like to become a teen volunteer at the Equal Rights Heritage Center. What would you like to gain from this experience?

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_____
_____
_____
_____
_____

10. **Letter of Recommendation**: Please ask a non-relative adult to write a recommendation letter on your behalf. This could be a family friend, teacher, or guidance counselor. The letter should describe why you would make a great teen volunteer and address the following questions:

1) What is your relationship to the applicant?
2) How long have you known the applicant?
3) Does the applicant work well with others?
4) Does the applicant show a reliable work ethic?
5) Does the applicant show an aptitude for public speaking and other communication?
6) What talents or skills do you think the applicant has to offer the Equal Rights Heritage Center as a teen volunteer?
7) Are there any additional notes about the applicant regarding this opportunity?

Recommendations may be sent to the Center by mail or email.

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11. Volunteer Agreement and Signature

I understand that this is an application for and not an acceptance of teen volunteer placement. I understand that if I am a teen volunteer at the NYS Equal Rights Heritage Center, I will receive no monetary compensation or benefits for the time spent on volunteer activities, and I will not be covered by any medical or other insurance coverage provided by the ERHC's operating organization, Auburn Downtown Partnership.

Release of Liability: I hereby agree that I, my assignees, heirs, guardians, and legal representatives, will not make a claim against the Auburn Downtown Partnership or the City of Auburn, its officers, directors, employees, agents, volunteers, assigns, or affiliates, or against any of Auburn Downtown Partnership's/City of Auburn's sponsors, participating organizations or their officers, directors, employees, agents, volunteers, assigns, or affiliates, for any loss, injury or damage to me or my property, however caused, arising from or related to my volunteerism.

I certify that all the information supplied on this application is true and complete to the best of my knowledge. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant or my termination as a teen volunteer.

Applicant Printed Name: _____

Applicant Signature and Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature and Date: _____

Please return your completed application through the mail or by dropping it off at the front desk of the Center. Thank you for your interest in becoming a teen volunteer at the ERHC!

Kate Grindstaff
Visitor Experience Manager
NYS Equal Rights Heritage Center
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Auburn, NY 13021
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