

Columbia Museum of Art

High School Student Summer Volunteer Program

ABOUT THE PROGRAM

The Columbia Museum of Art student volunteer program provides participants with a wide range of opportunities. Volunteer experiences.

ABOUT THE MUSEUM

The Columbia Museum of Art seeks to inspire, educate and enrich the lives of the community, South Carolinians, tourists and visitors by collecting and preserving fine and decorative art from around the world, exhibiting highly regarded work from a broad range of cultures and providing dynamic educational and cultural programs.

REQUIREMENTS

Candidates applying for an internship must:

- Have completed at least one year of high school

Those individuals chosen for the Student Volunteer Program will be required to complete the following:

- Complete the attached Application
- Complete and attach to the Application the Student Volunteer Parental Consent Form
- Orientation Meetings will be held on Monday, May 18, and Thursday, May 21, at 4:00pm. Please circle the date of the one you plan to attend.

Columbia Museum of Art Student Summer Volunteer Program

APPLICATION

Thank you for your interest in the Student Volunteer Program. Volunteering is an exciting way to spend some of your summer time to learn more about yourself, the Museum and consider your education and career choices.

Please complete the following application.

Print Name:	First	Last	Male/Female
Home Address:	Street	City	State Zip
Date of Birth:	Place of Birth:	Citizenship:	
Home Phone:	Telephone (Other):	Email:	
High School:	Grade:		

Emergency Contact Information	
Name:	Relationship:
Address:	Daytime Phone:

Dates of any summer vacations or absences:

1. Why do you want to volunteer?

2. List any school or community volunteer experiences that you feel the Museum should know about:

3. What are your career interests?

4. Please describe yourself – Hobbies/Interests/Talents:

5. Please provide 2 examples that show you are a dependable person:

6. Do you have any special skills you would like to use while you intern? i.e. Computer skills, foreign language skills, etc.

Please list the names and telephone numbers of 2 personal references:

1. _____	2. _____
_____	_____
_____	_____

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge, and agree to have any of the statements checked by the organization or its representatives.

Date

Signature of Applicant

HOW TO APPLY

Please submit a completed Columbia Museum of Art Summer Internship Application and resume to:
***Columbia Museum of Art *Attn: Ali Borchardt, Director of Education**
***P.O. Box 2068 *Columbia, SC 29202**

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STUDENT VOLUNTEER PARENTAL CONSENT FORM

Parent/Guardian: Please read and check off one or both authorizations below and sign.

- I hereby permit my child, named below, to participate in the Student Volunteer Program at the Columbia Museum of Art.

- I also permit the volunteer program staff to use photos of my child taken during their volunteer service for internal publication and press releases to area media, for the purpose of program publicity and acknowledgement.

Minor's Name

Date of Birth

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Relationship to Child: _____

Home Phone Number: _____

Work or Cell Phone Number: _____