



emerge
GALLERY &
ART CENTER

SUMMER 2017

SERVICE VOLUNTEER PROGRAM FOR YOUTH

Program Description: The Pitt County Arts Council at Emerge, a non-profit 501-C3 organization, seeks ambitious and dedicated youth ages 15 and older to assist with our summer camps for children. Volunteers will help Emerge Staff with a variety of tasks, such as set up and clean up during children's summer camps as well as serving as assistants to Emerge Instructors. Participants will receive an official letter documenting hours and service with our organization for use if their school or civic organizations require volunteer hours.

Applications are accepted on a rolling basis starting May 1, 2017. Space is very limited. This program is free. Please note:

As a benefit of membership, first priority in scheduling is given to youth and families that are members of the Arts Council.

Volunteer's Name: _____ Age: _____ Date of Birth: _____

1st Parent/Guardian's Name: _____ Phone(home): _____ (W): _____ (C): _____

2nd Parent/Guardian's Name: _____ Phone(home): _____ (W): _____ (C): _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

How will you get to and from Emerge? _____

If someone other than a parent/guardian, list name and numbers: _____

TO BE FILLED OUT BY A PARENT OR GUARDIAN:

Alternative Emergency Contact Information: (If we are unable to get in touch with parents, who would you like us to call?)

Name: _____ Relationship to the Child: _____

Home Phone: _____ Cell Phone: _____

Doctor's Name: _____ Phone: _____

Health Insurance Carrier: _____ Policy Number: _____

List any medical conditions/special needs that might limit your child's activities: _____

List any allergies that your child has: _____

*Please note that we do not serve any snack that includes peanuts, nuts, or nut by-products, however many items are made in facilities that do process these items. If the volunteer has severe allergies we ask they please pack a snack. – For ½ day volunteers with severe allergies, please pack one snack, full day volunteers will need to pack 2 snacks and 1 lunch. – Thank you!

List any medications, including behavioral modification*, that your child is taking:

Please note we cannot administer medication. *Please notify us if you have recently changed your child's behavioral medication – Thank you!

WAIVER OF LIABILITY: In consideration for the Pitt County Arts Council at Emerge making summer programs available to my child, I hereby release the Pitt County Arts Council at Emerge, its employees, volunteers, instructors, and agents from any and all liability or cost/expense associated with any injury my child may sustain while participating in any of the summer programs. Furthermore, I hereby hold the Pitt County Arts Council at Emerge, its employees, volunteers, instructors, and agents harmless for any damage, loss, or claims to my person, child, or property. I assume full and all risks and responsibilities on the premises, both known and unknown. In case I cannot be reached in an emergency, I give my permission to the Pitt County Arts Council at Emerge to select proper emergency care and treatment for my child.

Signature of Parent or Legal Guardian: _____ Date: _____



emerge
GALLERY &
ART CENTER

SUMMER 2017

SERVICE VOLUNTEER PROGRAM FOR YOUTH

TO BE FILLED OUT BY STUDENT:

Volunteer Experience:

We would like to know if you have volunteered with other organizations, etc. Please fill out the info below. If you need to use additional pages feel free. Prior volunteer experience is not required to participate in this program.

Do you have volunteer experience? YES NO If yes, where have you volunteered?

Experience Working With Children:

Please describe any experiences you have working with children. This can include babysitting or working with family members such as siblings or cousins, etc. A large portion of this program involves assisting our instructors with art camps. We would like to know if you are comfortable working with kids ages 3 and up. If you do not feel comfortable, please note this in the next question and we will work with assigning you to different duties during your service.

Would you like to work with children? YES NO

If no, please skip the next question and we will do our best to assign you to different duties during your service.

Do you have experience working with children? YES NO If yes, please describe your experience.

Educational Information:

School Attended in the 17/18 School Year:

Please indicate the grade you will be entering in the Fall of 2017:

Please list any Awards, Honors, School Groups, and Extracurricular Activities you wish to mention:

Reference Information:

How did you learn about our summer volunteer program?

Below please provide the names and contact information for two individuals, excluding relatives, for references: These individuals can be teachers, community members, etc.

1. Name: _____ Position: _____

Organization: _____ Email: _____ Phone: _____

2. Name: _____ Position: _____

Organization: _____ Email: _____ Phone: _____



emerge
GALLERY &
ART CENTER

SUMMER 2017

SERVICE VOLUNTEER PROGRAM FOR YOUTH

VOLUNTEER HOURS REGISTRATION:

For the summer of 2017 Emerge has ten weeks of activity during which you may request to volunteer. Below is a listing of available weeks and times. Please review these and fill out your week availability and interest. You may request to volunteer for one or more weeks.

Please note that we have two sessions of camp on most days. A morning session that runs from 9am until 12noon and an afternoon session that runs from 1pm until 4pm.

Below we have divided the service time determined by each of our session times on that particular week. We have also noted the number of hours you will receive for service during each session.

PLEASE NOTE- YOU MAY VOLUNTEER FOR FULL DAYS. If you do so, you will receive a 30 min lunch break between camps.

Week Availability:

Below please indicate with a "YES" in the blank area if you are available or interested in volunteering during the designated week.

June 5-9 June 5-9	Morning Camp Afternoon Camp	8:45am – 12:30pm 12:30pm – 4:15pm	18.75 hours a week (3.75 a day) 18.75 hours a week (3.75 a day)	_____
June 12-16 June 12-16	Morning Camp Afternoon Camp	8:45am – 12:30pm 12:30pm – 4:15pm	18.75 hours a week (3.75 a day) 18.75 hours a week (3.75 a day)	_____
June 19-23 June 19-23	Morning Camp Afternoon Camp	8:45am – 12:30pm 12:30pm – 4:15pm	18.75 hours a week (3.75 a day) 18.75 hours a week (3.75 a day)	_____
June 26-30 June 26-30	Morning Camp Afternoon Camp	8:45am – 12:30pm 12:30pm – 4:15pm	18.75 hours a week (3.75 a day) 18.75 hours a week (3.75 a day)	_____
July 10-14 July 10-14	Morning Camp Afternoon Camp	8:45am – 12:30pm 12:30pm – 4:15pm	18.75 hours a week (3.75 a day) 18.75 hours a week (3.75 a day)	_____
July 17-21 July 17-21	Morning Camp Afternoon Camp	8:45am – 12:30pm 12:30pm – 4:15pm	18.75 hours a week (3.75 a day) 18.75 hours a week (3.75 a day)	_____
July 24-28 July 24-28	Morning Camp Afternoon Camp	8:45am – 12:30pm 12:30pm – 4:15pm	18.75 hours a week (3.75 a day) 18.75 hours a week (3.75 a day)	_____
July 31-Aug. 4 July 31- Aug. 4	Morning Camp Afternoon Camp	8:45am – 12:30pm 12:30pm – 4:15pm	18.75 hours a week (3.75 a day) 18.75 hours a week (3.75 a day)	_____
Aug. 7-11 Aug. 7-11	Morning Camp Afternoon Camp	8:45am – 12:30pm 12:30pm – 4:15pm	18.75 hours a week (3.75 a day) 18.75 hours a week (3.75 a day)	_____
Aug. 14-18 Aug. 14-18	Morning Camp Afternoon Camp	8:45am – 12:30pm 12:30pm – 4:15pm	18.75 hours a week (3.75 a day) 18.75 hours a week (3.75 a day)	_____

Please note: Once your application has been reviewed you will receive a email noting if you have been accepted for volunteer service as well as noting the weeks you are accepted for. All volunteers (new and returning) will be required to attend an orientation session. Preference is given to those volunteers with prior experience with children.

Read, Sign, and Date the Following Statement

We cannot accept your application without your signature.

I certify that the information provided in my application is complete and accurate. I acknowledge that I have read the application instructions and agree to abide by the terms outlined within them. I authorize the Pitt County Arts Council at Emerge to make reasonable inquiry if any doubt should arise. I understand my failure to provide complete, accurate, and truthful information on this application will be grounds to deny or withdraw my application. I understand that I am required to notify the Pitt County Arts Council at Emerge of any change in my mail or e-mail addresses.

Signature of applicant: _____ Date: _____

Please return applications to:

Pitt County Arts Council at Emerge,
Attn : Summer Service Volunteer Program for Youth
404 S . Evans St. Greenville , NC 27858

For more information please contact Paula Rountree, Education and Outreach Coordinator, by phone (252) 551-6947 or email paula@pittcountyarts.org.