WORCESTER ART MUSEUM

*Teen Council Application*

*About the Teen Council*

WAM’s Teen Council is comprised of individuals representing a wide variety of skills, interests, experiences, and backgrounds, with a shared passion for the arts and a dedication to community building. The Teen Council will be responsible for planning and organizing programming such as, but not limited to: Teen Docent Programs, Teen Nights, Teen Arts Exhibitions, Teen Galas, Teen Internship Programs, and working with additional volunteers and staff to help the programs run smoothly. The Council will have a Vision Team who plans programs and acts as Museum liaisons; an Action Team who actively organizes, runs, and volunteers for those programs; and a Communications Team who works on Council communications as well as program marketing and graphic design. Members of the Council are expected to attend a monthly meeting (in-person or remote), and be involved in at least one program. Council Members are also expected to serve a term of at least one year, with the Teen Council Year beginning in July and ending in June.

**Applicant Information**

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First Name Last Name Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Primary Phone *(Valid phone number required)* Alternate Phone Number Email

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_
Mailing Address: Street City State Zip Code

How did you hear about the Teen Council at the Worcester Art Museum?
 O Word of Mouth O Search Online O Facebook O Referral O Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you applying to volunteer with WAM for the first time? O Yes O No, I last volunteered/interned \_\_\_\_\_\_\_\_\_\_\_

Have you ever been employed by WAM? O Yes, I was employed between \_\_\_\_\_\_\_\_\_ O No

There are many different ways to be involved, please indicate any/all areas in which you are interested:

 O Teen Nights O Teen Arts Exhibits O Teen Intern/Volunteer Programs

O Teen Docent Program O Teen Outreach/Marketing O Teen Galas

O Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What skills do you have that you could share with WAM?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Previous Work or Volunteer Experience**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name of Organization Position Dates

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Responsibilities for above position

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name of Organization Position Dates

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Responsibilities for above position

**Education**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name of School Grade

**Referrals**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Referral Name Position Name of Organization

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Primary Phone Email Relationship to you

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Referral Name Position Name of Organization

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Primary Phone Email Relationship to you

**Along with this Application, please write a cover letter that answers the following questions:**

* Why would you like to be a part of the Teen Council at the Worcester Art Museum?
* Which Teen Council Team do you see yourself being a part of (Vision Team, Action Team, or Communication Team), and why do you see yourself as part of this team?
* What makes you a great Teen Council Member candidate?

Applicants are considered without regard to race, creed, color, religion, sex, sexual orientation, marital status, genetic information, national origin, age, and disability, military or veteran status, Vietnam Era Veteran, or being a member of the Reserves or National Guard. Also it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

**Office Use Only :** Date of Application:

Notes: