



Tampa Museum of Art

Date of Application: \_\_\_\_\_

**Teen Volunteer/Internship Application**

Name: \_\_\_\_\_

Age: \_\_\_\_\_  
(must be 15 years of age or older)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**EDUCATION:**

School: \_\_\_\_\_

Year: \_\_\_\_\_

Teacher/Counselor: \_\_\_\_\_

Phone: \_\_\_\_\_

Are you currently taking art/art history classes?

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES (non-family member):**

Name: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Name: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

**AVAILABILITY:**

What are your scheduling requirements? \_\_\_\_\_ # of Hours: \_\_\_\_\_

Are you available during the following times: (if so, please list times and/or specific days)

Weekdays \_\_\_\_\_ Weeknights \_\_\_\_\_ Weekends \_\_\_\_\_

**WORK AND VOLUNTEER EXPERIENCE:**

List professional and/or volunteer work. Indicate hours of current commitments.

\_\_\_\_\_  
\_\_\_\_\_

**Have you ever worked with the following groups? (circle all that apply)**

Children (ages 3+)      Teenagers      Senior Citizens      Individuals with disabilities

**Please indicate any other relevant experience or interests (i.e., teaching experience, travel, etc.)**

\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about the program?**

\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT:**

In case of emergency please notify: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_