



THE ROCKWELL MUSEUM

Return to:
Youth and Family Programs Educator
111 Cedar Street
Corning, NY 14830
ruzaa@rockwellmuseum.org

TEEN COUNCIL APPLICATION

(Open to high school students, grades 9 - 12)

CONTACT INFORMATION

Application Date: _____

Name: _____

Date of Birth: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address (Applicant): _____

Email Address (Parent/Guardian): _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

EDUCATION

School: _____ Grade: _____

Is your volunteer service a school requirement? Yes No

If so, how many hours are required? _____

Please answer the following questions:

1. Are you able to commit to participating in weekly meetings at The Rockwell Museum on Tuesdays after school from 3:15 - 5pm?

2. What academic subject do you find most interesting? Why?

3. What are your hobbies and interests outside of school?

4. What do you hope to gain from this experience?

5. What do you hope to contribute?

PARENTAL PERMISSION FORM

(For applicants under age 18)

I, _____, give permission for my child, _____, to volunteer at The Rockwell Museum. I understand that this is an application for and not a promise of volunteer placement. If accepted, I understand that my child's involvement with The Rockwell Museum is voluntary and unpaid, and will be under the supervision of museum staff. I understand that the Museum is not responsible for transportation. You have permission to use my child's photograph for publicity purposes.

Parent/Guardian Name (*print*): _____

Date: _____

Parent/Guardian Signature: _____

Applicant's Signature: _____

REFERENCE

Please ask a teacher, counselor or family friend to complete the Teen Application Reference Form on the next page. Have them email it directly to ruzaa@rockwellmuseum.org or mail it to: Youth and Family Programs Educator, 111 Cedar St., Corning, NY 14830.

Reference Contact Information

Name: _____

Phone Number: _____

Email Address: _____



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ruzaa@rockwellmuseum.org

TEEN APPLICATION REFERENCE FORM

Applicant Name: _____

The above named youth is applying for a position as a member of the Teen Council at The Rockwell Museum, and would like you to serve as a reference. If accepted, they will have the opportunity to work with museum staff, professional artists, and their peers to plan a teen night event for their school.

In order to protect the confidentiality of references, please mail or email completed forms to the Education & Volunteer programs Coordinator. Applications are not complete until reference forms have been received.

Email completed forms to:
ruzaa@rockwellmuseum.org

Or, mail completed forms to:
Youth and Family Programs Educator
The Rockwell Museum
111 Cedar Street
Corning, NY 14830

REFERENCE INFORMATION

Name: _____

Phone Number: _____

Home Address: _____

Email Address: _____

1. How long have you known the applicant, and in what capacity?

2. Based on your experience with the applicant, please rate them in the following categories:

	Excellent	Good	Fair	Poor
Dependability				
Work Ethic				
Leadership Skills				
Maturity				
Social Skills				

3. In your opinion, what skills and/or strengths would the applicant bring to the program?

4. Do you have any reservations about the applicant's ability to interact appropriately with peers and museum visitors, particularly children? Please explain:

5. Please add any additional comments that may be helpful:

Signature: _____

Date: _____

2022 TEEN COUNCIL SCHEDULE

The Teen Council will meet every **Tuesday** after school. There will be two phases with a one month break in-between.

Meeting Time: 3:15 – 5 p.m.

**Meeting Location: The Rockwell Museum, 111 Cedar Street, Corning
2nd floor Education Center**

Phase 1:

- **February 1**
- **February 8**
- **February 15**
- **March 1**
- **March 8**
- **March 15**
- **March 22**

Phase 2:

- **April 19**
- **April 26**
- **May 3**
- **May 10**
- **May 17**



Instructions: This form contains two parts. The following permissions give the Museum the legal authorization to use take photography of students, reproduce photography of students, artwork created by students with a caption comprised of the student's name, without restriction, for any print or electronic promotional publications.

111 Cedar St. Corning, NY 14830
www.rockwellmuseum.org

1. Photo Release (permission to photograph student and reproduce photograph)

Date: _____

I, _____, hereby assign all rights and privileges to the still photography and/or video footage of me to The Rockwell Museum, and I authorize the reproduction, copyright, exhibition, broadcast, or distribution of said images without any limitation or restriction for the purposes of The Rockwell Museum or without compensation to me. All negatives and positives, together with the prints, are owned by the Museum. The Museum reserves the right to use these photographs in any of its print or electronic publications. I hereby acknowledge that I am 18 years of age or older and have read and understood the terms of this release.

Name of student _____

In the case of a minor (under 18 years of age) I grant aforementioned rights and privileges on behalf of my son/daughter/ward,

Signature _____

Print Name _____

Relationship to Minor _____

Phone Number _____

2. Art and Writing Credit Release Form (permission to display and/or photograph art or writing made by student and reproduce photograph of student artwork with image credit, to include student name)

I, _____, hereby consent to and authorize the use and reproduction by The Rockwell Museum or anyone authorized by The Rockwell Museum of any and all art and writing created by my child, my child's family or me. Any art or writing sample reproduced by The Rockwell Museum will include a credit line depicting the artists name without compensation to my child, my child's family or me. All negatives and positives, together with the prints, are owned by the Museum. The Museum reserves the right to use these images, writing samples and/or names in any of its print or electronic publications. I hereby acknowledge that I am 18 years of age or older, have legal authority to sign this form on behalf of myself and my child, and have read and understood the terms of this release.

Name of student artist/writer _____

In the case of a minor, (under 18 years of age) I grant aforementioned rights and privileges on behalf of my son/daughter/ward

Signature _____

Print Name _____

Relationship to Minor _____

Phone Number _____