

## 2018 ArtVenture Youth Ambassador Application

The Visual Arts Center of Richmond's summer ArtVenture ambassador program is open to students in rising grades ages 14-17 who have an interest in the visual arts, developing their leadership skills, working with children, and gaining experience in arts education. Ambassadors volunteer under the supervision of ArtVenture Instructors, education department staff, and the VisArts administrative staff.

Ambassadors assist with week-long studio art day camps for children between the ages of 5 and 14. Duties include assisting art teachers and engaging children during ArtVenture classes, aiding with camp set-up and clean-up, supervising children during break-time, lunch, and extended day, helping instructors prepare projects, and daily cleaning after camp. Service-learning hours are granted for hours worked, and credit is earned towards VisArts' classes.

### Time Commitment

- Minimum of ONE week: 8:30 a.m.-1 p.m.; 1-4:30 p.m. or both sessions
- You are welcome to sign up for multiple weeks

### Qualifications:

- High school student in rising grades age 14-17
- Motivated, responsible, mature and flexible with a positive attitude
- Past experience working with children a plus
- ArtVenture or Art After School alumni a plus

### What You'll Gain

- Experience working side by side with some of the best arts educators in Richmond
- Experience working at one of the most inspiring and creative places in Richmond
- Hands-on teaching experiences
- Opportunities to lead special activities in projects such as: break activities, hanging weekly arts exhibitions, t-shirt printing and more.
- Credit toward future volunteer classes: \$10 for every 4 hours logged.
- Certificate of completion signed by VisArts staff.

### Application Process:

- Complete a paper or online application.
- Applications will be reviewed on a rolling basis. Expect to hear back from us within one week.
- The last day to apply is 5/18.
- If accepted, you will receive a communication from us to sign up for your shifts and an invitation to volunteer orientation on June 7<sup>th</sup>, 2018.

**ARTVENTURE ABASSADOR APPLICATION FORM**

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

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall 2017: \_\_\_\_\_

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

Email \_\_\_\_\_

**Email will be used as the primary contact for all information related to ArtVenture ambassadors, unless you request otherwise.**

Parent/Guardian Name(s): \_\_\_\_\_

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

Have you ever attended a VisArts ArtVenture/Art After School class?

NO: \_\_\_ YES: \_\_\_ Years (circle one): 2014 2015 2016 2017

Have you ever volunteered at VisArts? \_\_\_\_\_

Name of your school: \_\_\_\_\_

Please list any special childcare skills you may have (i.e. worked with children with special needs, CPR-certified, etc.):

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

Please list any art skills you may have (i.e. sewing, painting, printmaking, ceramics, photography, etc.):

\_\_\_\_\_

Please list any work experience (paid or volunteer). Can be school related or community related. Simply state where you worked, as well as your duties.

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

**Please provide the week(s) you are available and which session you are available.**  
You will officially commit to your schedule once accepted.

<b>Week</b>	<b>Morning (8:30 a.m.-1 p.m.)</b>	<b>Afternoon (1-4:30 p.m.)</b>
1: June 18-22	<input type="checkbox"/>	<input type="checkbox"/>
2: June 25-29	<input type="checkbox"/>	<input type="checkbox"/>
3: July 2-6 (no class on Wednesday)	<input type="checkbox"/>	<input type="checkbox"/>
4: July 9-13	<input type="checkbox"/>	<input type="checkbox"/>
5: July 16-20	<input type="checkbox"/>	<input type="checkbox"/>
6: July 23-27	<input type="checkbox"/>	<input type="checkbox"/>
7: July 30-August 3	<input type="checkbox"/>	<input type="checkbox"/>
8: August 6-10	<input type="checkbox"/>	<input type="checkbox"/>
9: August 13-17	<input type="checkbox"/>	<input type="checkbox"/>
10: August 20-24	<input type="checkbox"/>	<input type="checkbox"/>
11: August 27-31	<input type="checkbox"/>	<input type="checkbox"/>



**ARTVENTURE AMBASSADOR MEDICAL STATUS FORM**

Name of Ambassador: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Parent Telephone: (c) \_\_\_\_\_ (w) \_\_\_\_\_ (h) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_  
(if parent cannot be reached)

Emergency Contact Phone: \_\_\_\_\_

Please list any allergies applicant has:

\_\_\_\_\_

Is the applicant taking any medications that we should know about? If so, please list below.

\_\_\_\_\_

*Please Note: VisArts Staff will not administer, dispense, or store any medications, with the exception of emergency medications such as Epi Pen.*

Please list any special needs the ambassador volunteer may have that we should know about:

\_\_\_\_\_

I verify that \_\_\_\_\_ is in reasonably good health and to the best of my knowledge is free from any communicable diseases. I further verify that

\_\_\_\_\_ has received the standard immunizations required by the state of Virginia.

\_\_\_\_\_  
Signature of Parent /Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name