Teen Volunteer/Internship Form

Name: ______________________________ Age: __________

Phone: ______________________________ Email: ______________________________

Preferred Contact Method (Circle one) : Phone Email

Internship Term - Start Date: _______________ End Date: __________________________

Days / Times Available: _______________________________________________________

Goals: ______________________________________________________________________

PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED:

I, the parent or guardian of the above named minor, do hereby give my consent to his/her participation in all youth volunteer activities of the Escondido Arts Partnership.

Print ______________________________ Sign ______________________________

Cell Phone: ______________________________ Email: ______________________________

Alternate Emergency Contact: ________________________________________________

Relationship: ______________________________ Cell Phone: __________________________

As a Teen Volunteer/ Intern, you can expect from the Staff of the EAP the following:

To acknowledge you as an individual with valuable, unique abilities.

To give professional and personal support as well as back-up when needed.

To provide and acknowledge a reasonable duty of care, to guard personal information and privacy.

As a Teen Volunteer/ Intern, we can expect the following from you:

To be respectful of others, remember to be compassionate and empathetic towards others.

To show up on time or call if you are running late.

To please be courteous to others and turn off/put away your phones.

To be respectful on social media. Remember you are representing the Escondido Arts Partnership.

To have an understanding and desire to support the EAP’s mission and vision.