

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.