

Discovery Camp Counselor

Summer Volunteer Program



Volunteers will develop leadership skills while assisting Museum of Discovery educators as counselors during 2017 summer camps. This is an opportunity to participate in a volunteer program that will introduce students ages 14 and older to the world of volunteering in an environment that fosters a passion for science, technology, engineering, art and math.

Discovery Camp Counselors will be selected from a pool of applicants who complete the application process. The deadline for receipt of the completed application packet is **Friday, March 17**. Those selected will be scheduled for an interview at the Museum of Discovery. Successful candidates will be notified by **Friday, May 5**.

This application process provides volunteers an opportunity to develop skills needed to obtain their first job. Selected applicants will have additional opportunities to participate in museum volunteer activities throughout the year.

Please complete the application packet if you are able to answer yes to the following questions:

- Will you be at least 14 by April 1?
- Will you be able to volunteer Monday through Friday for your assigned morning or afternoon camps? Morning camp shifts are 8:00 - 12:30. Afternoon camp shifts are 12:30 - 5:00.
- Are you able to commit to three camps? Each camp is one week and scheduled for the following weeks:
 - June 5 - 9
 - June 12 -16
 - June 19 - 23
 - June 26 – June 30
 - No camps for 4th of July week
 - July 10 - 14
 - July 17 - 21
 - July 24 - 28
 - July 31 – August 4
 - Visit www.museumofdiscovery.org for details.
- Are you able to commit to **a mandatory training from 1:00 to 5:00 p.m. Saturday, June 3?**
- Fulfill these program application requirements:
 - Complete the volunteer application and all associated forms.

- Submit a half-page essay response.
- Submit two letters of reference from teachers or school counselors with whom you have had a relationship in the past two years.
- If selected, attend a scheduled interview accompanied by a parent or guardian.

Deadline for the receipt of the completed application packet is Friday, March 17, 2017.

Please return the completed application to: Thomas Lipham, Program Director, at tlipham@museumofdiscovery.org, or mail to Thomas at Museum of Discovery, 500 President Clinton Ave., Suite 150, Little Rock, AR 72201.



Summer Volunteer Program

Job Description

Discovery Camp Counselor Duties:

- Interact with the campers in a positive manner during sessions and breaks.
- Manage time and coordinate transitions between sessions and breaks.
- Gather feedback from the campers in casual conversation as instructed by educators.
- Provide general assistance during program and lab activities.
 - Be an active participant in the class and lead by example.
 - Assist with activities and help campers follow specific directions the educator gives.
 - Assist in supervision of the class during the programs and labs.
 - Contribute to the cleanup effort and encourage campers to help clean as well.
 - Help set up the room with necessary materials; arrange tables, chairs, posters, props, etc.
- Help monitor the campers' behavior during free time in the museum galleries.
 - Keep your group of campers together.
 - Count campers at least once every five minutes while in the galleries.
 - Help campers explore the interactive exhibits by reading exhibit instructions, demonstrating the activity, etc.
- Assist during snack and lunch breaks.
 - Assist campers in unwrapping difficult food items (juice box straws, etc.)
 - Help with the cleanup and be willing to clean spills, crumbs, etc.
- Assist with organizing bathroom breaks and keep campers together.



Summer Volunteer Program

Discovery Camp Counselor Application

Date _____

First Name _____ Last Name _____

Student's Email _____

Street Address _____

City/State/Zip Code _____

Home Phone _____ Cell Phone _____

Date of Birth _____

School Name _____ Grade _____

Will you be at least 14 years old by April 1? _____yes _____no

Have you ever been convicted of a felony, i.e. a serious crime? Yes/No
If yes, please describe the nature of the offense and the punishment you received on reverse side.

Circle T-Shirt size preference: **S M L XL XXL** (Volunteers are required to wear the T-Shirt provided by the museum)

Parent Information

Parent/Guardian Name _____

Work Phone _____ Cell Phone _____

Email (please print clearly) _____

Emergency Contact _____ Phone # _____ Relationship _____

List all adults authorized for drop off and pick up (minimum 18 years of age):

Name _____ Phone # _____

Name _____ Phone # _____



Discovery Camp Counselor

Rules and Regulations

Attention Student Volunteers and Parents:

You represent the Museum of Discovery while you are here. We are proud of our volunteer program and have a few rules and regulations that need to be followed while you are volunteering. Please conduct yourself in a mature manner and live up to the trust placed in you.

PROCEDURES AND REGULATIONS:

- Be attentive and friendly to campers, complete your assigned duties and offer to help educators whenever you see a need.
- Be punctual. Educators count on you to arrive on time for your scheduled shift Monday through Friday. If you are ill, please notify your supervisor as soon as possible.
- Sign in upon arrival and sign out upon departure.
- Report to your designated staff educator at the beginning of your shift.
- Model good behavior and language since you are a role model for younger campers.
- Maintain the confidentiality and privacy of campers. Never mention names or talk about any individual at the camp when you return home. You may share experiences, but please keep campers and staff anonymous.
- Wear the required shirt/identification.
- Adhere to the required dress code. Pants or shorts should not be torn and are to be worn at waist level, preferably with a belt. Avoid revealing clothing. Closed shoes or sandals with a heel strap are required. For safety reasons, flip flops, high heels or wedge shoes are not to be worn. Only ear piercings are acceptable.
- Maintain good hygiene. Be neat and well groomed.
- Do not chew gum or eat while on duty except during snack times or as directed by staff in appropriate areas.
- Cell phones should remain turned off and should not be used at any time while volunteering, unless specified by an educator. Texting is not allowed while volunteering.
- Leave personal belongings such as cameras, MP3 players, etc., at home. The museum is not responsible for any damaged, lost or stolen items.

- Remain in your assigned area. Volunteer counselors should not leave the museum premises while on duty unless accompanied by museum staff for camp activities.
- Assure that you are dropped off and picked up no later than 15 minutes before or after your volunteer shift.
- Never bring a friend or relative with you while you are volunteering.
- Report any illness or accident while on volunteer duty to your supervisor.
- Adhere to the museum's drug-free policy.

Unacceptable behavior that may result in dismissal from the program includes, but is not limited to:

- Violation of privacy or confidentiality.
- Violation of the museum's drug-free environment.
- Absenteeism or tardiness.
- Unbecoming behavior, including but not limited to a negative attitude and unwillingness to follow directions.
- Violation of the dress code.
- Evidence of loss of interest in volunteer service, such as leaving your assigned area or not completing assigned tasks.
- Inappropriate language.
- Eating or chewing gum in exhibit galleries.
- Using cell phones or other personal electronic devices while on duty.

I have read and agree to abide by the above standards and perform all duties assigned to me. I understand that unacceptable behavior may result in disciplinary action or dismissal from the Discovery Camp Counselor Program.

Volunteer Signature: _____ Date: _____

Parent/Guardian:

I understand my support is vital to the success of my child's volunteer experience. I will remind my child of the dress code and appropriate behavior. I will also make sure that my child has transportation and that he or she is dropped off and picked up promptly. I understand that my child will arrive and be picked up no more than 15 minutes before and after their volunteer shift. _____ (parent's initial)

I have reviewed the above standards in regard to the Discovery Camp Counselor Program.

Parent Signature: _____ Date: _____

Parent Daytime Phone Number: _____



Discovery Camp Counselor

Request to Apply

Please give a half-page response to the following question:

“Why would you like to volunteer at the Museum of Discovery as a Discovery Camp Counselor?”



Summer Volunteer Program

Discovery Camp Counselor Schedule

Please select all shifts that you are available to volunteer, Monday through Friday. For more details about the topics, please see our website.

- 1) Please circle which age group are you most comfortable with:
Younger (ages 6 – 8) Older (ages 9 – 13) All ages
- 2) Below, place a checkmark by all the shifts that you are available.
- 3) Below, place an X by shifts that conflict with your schedule. For example, you're on vacation, have other obligations, etc.

June 5 – 9:

_____ 8:00 – 12:30 shift
_____ 12:30 – 5:00 shift

June 12 – 16:

_____ 8:00 – 12:30 shift
_____ 12:30 – 5:00 shift

June 19 – 23:

_____ 8:00 – 12:30 shift
_____ 12:30 – 5:00 shift

June 26 – June 30:

_____ 8:00 – 12:30 shift
_____ 12:30 – 5:00 shift

4th of July week – No camp.

July 10 – 14:

_____ 8:00 – 12:30 shift
_____ 12:30 – 5:00 shift

July 17 – 21:

_____ 8:00 – 12:30 shift
_____ 12:30 – 5:00 shift

July 24 – 28:

_____ 8:00 – 12:30 shift
_____ 12:30 – 5:00 shift

July 31 – August 4:

_____ 8:00 – 12:30 shift
_____ 12:30 – 5:00 shift



Summer Volunteer Program

Letter of Reference (1 of 2)

Two letters of reference must be included in the completed application packet. Each letter must be written by a teacher or school counselor with whom you have had a relationship within the past two years. No form letters or letters from family or friends will be accepted.

Applicant Name: _____

Teacher/Counselor Name: _____

School Name: _____

Email: _____ Phone: _____

How do you know this person? _____

How long have you known this person? _____

Has the applicant proven to be dependable with regard to schedules? _____

Has the applicant proven to be good at following instructions? _____

Please explain why you feel this applicant would make a good volunteer as a Discovery Camp Counselor at the Museum of Discovery.

Signature: _____ Date: _____



Summer Volunteer Program

Letter of Reference (2 of 2)

Two letters of reference must be included in the completed application packet. Each letter must be written by a teacher or school counselor with whom you have had a relationship within the past two years. No form letters or letters from family or friends will be accepted.

Applicant Name: _____

Teacher/Counselor Name: _____

School Name: _____

Email: _____ Phone: _____

How do you know this person? _____

How long have you known this person? _____

Has the applicant proven to be dependable with regard to schedules? _____

Has the applicant proven to be good at following instructions? _____

Please explain why you feel this applicant would make a good volunteer as a Discovery Camp Counselor at the Museum of Discovery.

Signature: _____ Date: _____

Summer Volunteer Program

Photo/Talent Release Form



**CONSENT TO USE PHOTOGRAPH, PICTURE, LIKENESS, NAME, COMMENTS,
OR VOICE IN PUBLICATIONS, ADVERTISEMENTS, AND PROMOTIONS.**

I, _____, do fully and freely consent to the use of
(parent's or guardian's name)

_____ photograph, picture, likeness, name, voice, and/or
(minor's name)

comments, by the Museum of Discovery or successor institution, in any film, videotape, recording, sound track, drawing, and/or other mechanical means of recording picture and/or sound, or any piece of artwork associated with the Museum of Discovery.

I also consent to the use and reuse thereof in any display, on any television or radio station, and/or in any publication or website for the Museum of Discovery at such time or times as the Museum of Discovery desires to use the same.

I do hereby release and hold harmless the Museum of Discovery from any liability arising out of said participation in an agency publication, advertisement, and/or promotion.

I grant to the Museum of Discovery the right to use, and license others to use the above named minor's photograph, picture, likeness, name, voice, and/or comments to advertise and publicize the Museum of Discovery. I warrant my right to give this right as parent or guardian of this minor and acknowledge that you will rely on this release.

I understand and agree that I will receive no compensation from Museum of Discovery for the use or reuse of the above named minor's photograph, picture, likeness, name, voice, and/or comments as described herein.

Name of Participant Date

Signature of Parent or Guardian Date



Driver Liability Form

In the event I choose to allow my child to drive to and from the Museum of Discovery, I understand that the Museum of Discovery accepts no liability for my child's driving. Further, as stated in the rules, Discovery Camp Counselors are required to sign in when arriving and sign out when departing and to remain in their assigned areas during their volunteer shift.

Leaving the museum or designated work area during the assigned shift without parent/staff knowledge is grounds for dismissal from the program. Museum of Discovery assumes no responsibility for Discovery Camp Counselors who leave the museum.

Should my child fail to arrive for his/her assigned shift Museum of Discovery personnel will make every effort to notify me promptly.

Car Year: _____

Make: _____

Model: _____

License plate #: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____



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Medical Liability Release

In the case of a medical emergency, I _____ request that in my absence that _____ be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment as deemed necessary.

I hereby release from liability and agree to hold the Museum of Discovery harmless from any liability for any medical and/or surgical treatment in cases of illness, accident or any emergency situation. I shall be responsible for any costs incurred.

Child's Name: _____ Date: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Daytime Phone: _____ Cell Phone: _____

Name of Insurance Company: _____

Policy Number: _____

Doctor's Name: _____ Doctor's Phone: _____

Please list any allergies/special medications: _____