HIGH SCHOOL COMMUNITY SERVICE PROGRAM APPLICATION



		OFFICE US	E ONLY	(
Print Name		Interview Scheduled? Interview Date: Interviewer: Training Start Date:								
						Address				
						City, State, Zip				
						Mobile # Home #	#			
Email Address										
Have you volunteered anywhere before?			Yes	O N₀						
Are you doing this for class credit?			Yes	O N₀						
Select from the drop down menu the grade are you currently attending in high school?			9 10	11 12						
Do you have a background and/or interest in art, history, or museums?) Yes	O N₀						
Why are you interested in volunteering here at the Savannah Africa	an Art Museum	<u></u>								
Please list any hobbies, skills, or interests that you may have:										
If selected to join the museum's high school community service program, I		CHECK AVAILABILITY								
understand that I will not be paid for my services. I will adhere to the rules and regulations of the museum. Violation of museum policy and procedure may result in my expulsion from the program.	Wed	11-2	Fri _	11-2						
	,,,,,	2-5		2-5						
By signing this application, I agree to the above terms.	Thu	11-2	Sat	11-2						
	1110	2-5		2-5						
Applicant Signature Date	_									

To be considered for this program both of the following endorsements must be completed and signed.

TEACHER ENDORSEMENT	
Printed Name	
School & Subject	
Email Address or Phone Number	
Signature	Date
PARENT OR LEGAL GUARDIAN ENDORSEMENT	
Printed Name	
Email Address or Phone Number	
Signature	Date
PARENTS OR LEGAL GUARDIAN EMERGENCY CONTACT	
Name	
Relationship	
Phone Number: cell, work, home	
Street Address	
City/State/Zip	
Name	nui-
Relationship	
Phone Number: cell, work, home	
Street Address	
City/State/Zip	

Email completed application and endorsements to apply@savannahafricanartmuseum.org