

PHIPPS CONSERVATORY AND BOTANICAL GARDENS VOLUNTEER APPLICATION

Please email completed application to **dknorr@phipps.conservatory.org** or mail to Deborah Knorr at Phipps Conservatory and Botanical Gardens | One Schenley Park, Pittsburgh, PA 15213

Phipps is currently accepting applications for the Teen Volunteer Program for Summer 2024 from individuals ages 16 – 18. Applicants must be 16 years of age before April 1, 2024 to be considered.

All teen volunteers are required to obtain background check clearances before serving as a volunteer at Phipps.

This application should be completed by the applicant and signed by a parent/legal guardian.

All applications are due by May 30, 2024. Incomplete applications will not be accepted.

			DATE	
ADDRESS			<u>I</u>	
CITY	STATE	ZIP		
HOME PHONE		CELL PHONE		
EMAIL		DATE OF BIRTH		
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School Currently Attending	tory Please list any	v previous work or vo		
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There are many dates and two timeslots for our teen volunteer program. Please mark your preferences below.

Summer Camps

Please mark your availability below. All teen summer camp volunteers must be available for at least one of the following weeks to be considered.

Date	Location/Time	Ages	Camp
June 10 – 13	Botany Hall Kitchen 9:00 a.m 12:30 p.m.	Ages 7-11	Eat the Rainbow Cooking Camp
June 10 – 13	12.50 p.m.	Ages 7-11	
July 15-18	Botany Hall Kitchen 9:00 a.m. – 12:30	Ages 11-15	Garden to Table Cooking Camp for Teens
August 5-8	Botany Hall Kitchen 9:00 a.m. – 12:30 pm	-Ages 7-12	Conservatory Chefs Cooking Camp
August 12-15	CSL Classroom 8:30 – 11:30 a.m.	Ages 10-13	Growing Green in Space Summer Camp
August 12-15	CSL Classroom 1:00 p.m. – 4:30 p.m.	Ages 10-13	Growing Green in Space Summer Camp
August 12-15	Outdoor Garden 11 a.m. – 1:00 p.m.	Ages 10-13	Let's Move Pittsburgh Lunch and Recess Program
TEEN VOLUNTEI	ER AGREEMENT		

 Please read carefully and sign the Teen Volunteer My parent(s)/guardian(s) and I understant compensation for the work I perform or good performed in the right to do an evaluate the right to terminate volunteer services. My parent(s)/guardian(s) and I understant before I can serve as a volunteer at Phipp Applicant Name (Please Print) 	nd that as a group ben tion of the should res nd that I m	a volunteer I am not ent efits in the event of an i e performance of teen vo sponsibilities not be fulf	njury. olunteers at any time and illed satisfactorily. check clearance completed			
Applicant Signature			Date			
PARENTAL CONSENT						
I have read and understand the above Teen Volunteer Agreement and agree to the terms and conditions thereof and consent to the participation in the Teen Volunteer Program at Phipps by my child/minor for who I am legally responsible.						
Parent/Legal Guardian Name (Please Print)			Date			
Parent/Legal Guardian Signature		Relationship to Volun	teer			
Home Phone	Cell Pho	ne				
Email	•					

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