

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 2023 from individuals ages 16 – 18. Applicants must be 16 years of age before April 1, 2023 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, 2023. Incomplete applications will not be accepted.

NAME			DATE	
ADDRESS				
CITY	STATE	ZIP		
HOME PHONE	С	CELL PHONE		
EMAIL	D	DATE OF BIRTH		
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School Currently Attending			Current Grade	
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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 20 – 21	Botany Hall Kitchen 12:30 – 2:00 p.m.	Ages 11 – 15	Kitchen Science Sleuths- Food Science Camp
July 17 – 21	Botany Hall Kitchen 9:00 a.m. – noon	Ages 7 – 11	Eat the Rainbow Camp
August 14-18	CSL Classroom 8:30 – 11:30 a.m.	Ages 6 – 12	Decode Nature Summer Camp
August 21-25	CSL Classroom 8:30 – 11:30 a.m.	Ages 6 – 12	Habitat Vacation Summer Camp
August 14-18	CSL Classroom 1:00 p.m. – 4:30 p.m.	Ages 6 – 12	Decode Nature Summer Camp
August 21-25	CSL Classroom 1:00 p.m. – 4:30 p.m.	Ages 6 – 12	Habitat Vacation Summer Camp
August 14-18	Outdoor Garden 11 a.m. – 1:00 p.m.	Ages 6 – 12	Let's Move Pittsburgh Lunch and Recess Program
August 21-25	Outdoor Garden 11 a.m. – 1:00 p.m.	Ages 6 – 12	Let's Move Pittsburgh Lunch and Recess Program

Please read carefully and sign the Teen Volunteen	_		titled to monetary			
, , , , , , , , , , , , , , , , , , , ,	 My parent(s)/guardian(s) and I understand that as a volunteer I am not entitled to monetary compensation for the work I perform or group benefits in the event of an injury. 					
	 Phipps reserves the right to do an evaluation of the performance of teen volunteers at any time and 					
the right to terminate volunteer services	should re	sponsibilities not be full	filled satisfactorily.			
 My parent(s)/guardian(s) and I understar 		nust have a background	check clearance completed			
before I can serve as a volunteer at Phipp	os.					
Applicant Name (Please Print)						
			Τ			
Applicant Signature			Date			
PARENTAL CONSENT						
I have read and understand the above Te		-				
conditions thereof and consent to the pa child/minor for who I am legally responsi	•	n in the Teen Volunteer	Program at Phipps by my			
	bie.		Τ			
Parent/Legal Guardian Name (Please Print)			Date			
Parent/Legal Guardian Signature		Relationship to Volun	teer			
Home Phone	Cell Pho	ne				
Email	1					

TEEN VOLUNTEER AGREEMENT

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