

Last Name _____ First Name _____ Date _____

S.T.E.A.M Ahead: The Summer Volunteer Team at LASC



Return this application to:

362 N. Martin Luther King Blvd
Lexington, KY 40508
Phone (859)252-5222
Fax (859)255-7448.

Questions? E-mail lascstaff@lasclex.org
Website www.lasclex.org

As Art-gineers, summer volunteers receive the unique opportunity of working with teachers, students, and staff during 5 day class sessions and on art projects. We recommend volunteering for the entire class, but can accommodate a few volunteers for shorter time periods.

Prerequisites:

- Submission of completed application and availability schedule
- Minimum age of 16 (unless prior volunteer experience can be established)
- Background check (we are required to run a background check on those over 16 years of age due to the fact that they will be working with children)
- A check for \$30 made payable to the Living Arts & Science Center to pay for the background check. (If financial assistance is need please feel free to contact us)
- Completed orientation

Volunteer shifts are:

8:45am-12:05pm 12:00pm-1:00pm 12:45pm-4:05pm

Art-gineer responsibilities may include: Classroom assistant/Education assistant/Project assistant

Characteristics required:

Positive energy, patience, tact, and flexibility are useful attributes for making your time at the Living Arts and Science Center enjoyable and fulfilling. Strong muscles are not required but are welcome and useful when accompanied by the above attributes!

We appreciate your help and hope you will gain valuable experience as you share your time and talents. -LASC Staff

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Age _____ Birth Date _____ Last grade level completed _____
Home Address _____ City _____ State _____ Zip _____
College Address _____ City _____ State _____ Zip _____

Last Name _____ First Name _____ Date _____

Home Phone _____ College Phone _____ Cell Phone _____

E-Mail _____

Employer _____ Direct Supervisor _____

School _____

Major/Minor _____

Special Skills _____

Interests _____

Hobbies _____

Three references that will vouch for you (think manners, work ethic, responsibility, work skills):

Name _____ Connection _____ Best way to contact _____

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What age group do you enjoy working with and or feel most comfortable with? Circle all that apply

Preschool K-2 3-5 6-8 9-12 Adults

Would you consider yourself a behind the scene person or more of a leader? Why? _____

Would you consider yourself better at skilled independent projects that require attention to detail or interactive projects that require supervising/coaching/encouraging/assisting students in class? Why? _____

Have you volunteered with us before? Yes No

Have you volunteered anywhere else? Yes No

Where & why? _____

Will this volunteer experience be fulfilling a requirement for your school or other organization? Yes No

If yes how many hours do you need? _____ Do you need documentation? Yes No

Background Check Permission

We are required to run a background check on those over 16 years of age, since you will be working with children. By signing bellow you give permission for the LASC to run a background check. A check for \$30 made payable to the Living Arts & Science Center will be needed to pay for the background check. (If financial assistance is need please feel free to contact us)

Click [here](#) to read your rights regarding background checks

SS# _____ Signature _____ Phone _____

Photo Release

I give permission for the Living Arts & Science Center or those designated by the LASC to collect and use the likeness, photograph, voice, written word, artwork or direct quotes of the above named volunteer. Such documentation may be used on the LASC website, in promotional materials, the newspaper or other such materials. I release the Living Arts & Science Center from any liability or responsibility for this use.

Signature _____ Date _____

Emergency Contact

Name _____ Relation: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent Permission (required for volunteers under age of 18)

Parent Signature: _____ Parent Name (printed): _____

Parent Phone: _____ Parent E-mail _____

