



Summer 2015 Important Dates

Below is a list of critically important dates for work study program participants. Please carefully review them prior to submitting an application. Your attendance at these meetings and trainings is required. If you are selected for this program you must be available to attend **ALL** of the dates listed below. Please sign below to indicate you understand your role in participating during each of the event dates. A parent/guardian signature is also required.

Summer 2015 season

- March 18th Applications due
- April 21st Interviews (evening hours)
- April 22nd Interviews (evening hours)
- May 27th New Employee Orientation (evening hours)
- June 6th Field Trip to Black Partridge Woods (8:30am-4:30pm)
- June 13th Training (8:30am-4:30pm)
- June 20th Training (8:30am-4:30pm)
- June 23rd Training (8:30am-4:30pm)
- June 24th Training (8:30am-4:30pm)
- June 25th Training (8:30am-4:30pm)
- June 28th Daily Shifts Begin (8:30am-6:00pm)
- June 22nd Field Trip to Black Partridge Woods (8:30am-4:30pm)
- August 6th Celebration Event (evening hours)
- August 8th Teen Work-Study Program Ends

Applicant Name (Print)

Date

Applicant Name (Sign)

Date

Parent/Guardian Name (Print)

Date

Parent/Guardian Name (Sign)

Date



GUEST ENGAGEMENT DEPARTMENT
TEEN WORK-STUDY APPLICATION SUPPLEMENTS – SUMMER 2015

Parental Consent for Communications

Child's Name _____

Address _____

City _____ **State** _____ **Zip code** _____

Parent/Guardian Name _____ **Phone** _____

I attest that I am the parent/legal guardian of the above-named child. By executing the statement below, I authorize my child to communicate with the John G. Shedd Aquarium and its employees, volunteers, and agents ("Shedd") via electronic communications, including but not limited to email.

I understand that Shedd wishes to enable such communications between Shedd and my child in order to facilitate conversations on such topics as college and career planning and opportunities to participate in current or future Shedd programs as well as to respond to questions my child may have related to academic or extracurricular reports or projects. I understand that the information collected will not be sold or transferred to third parties. *(For more information about how Shedd uses such information, please refer to the Shedd Privacy Policy on the Shedd's website.)*

I understand that I can contact Shedd at any time to determine what information about my child has been collected, to confirm how that information is used, or to request that Shedd no longer communicate with or collect information about my child. I also understand that it is important to provide accurate information in this consent form in case Shedd needs to contact me for any reason.

I further understand and acknowledge and hereby waive and release any and all rights, claims and causes of action whatsoever I may have against Shedd, for myself, my heirs, executors and administrators with regard to the communications described herein or their collection and/or use.

I have carefully read and understand the contents of this document, and have the right and authority to execute this consent and release. I agree that this document is to be interpreted under the laws of the State of Illinois without resort to its conflict of laws rules, and I hereby submit to the jurisdiction of the courts of the State of Illinois.

Parent/Guardian Signature _____ **Date** _____



RECOMMENDATIONS

A letter of recommendation from a high school teacher, counselor or principal must be included with this application.

Name of person writing recommendation _____
Last First

Position at school _____ Phone _____

E-mail _____

For Office Use Only

Constituent Record ID #: _____