



## Art Center Teen Leadership Application 2021/22 School Year

Looking for an art-focused leadership opportunity next school year? We are looking for high-school aged teens to join our group of youth, Art Center Teen (ACT) Leadership. ACT Leadership assists in producing programming that connects teenagers to art and artists. Help us plan our next teen only program, make and exhibit art, learn about art careers, gain leadership skills, make friends from different schools, and earn service hours along the way. ACT Leadership is a year-long commitment that meets twice a month. Meeting dates and times are to be determined, but generally include one weekday and one weekend, with the schedule communicated in advance. This year we will meet both virtually and in-person. Please contact Grace Pegan Abusharkh, Director of Volunteer Engagement, at [grace.abusharkh@cityofpaloalto.org](mailto:grace.abusharkh@cityofpaloalto.org) with questions or for more information.

First and Last Name: \_\_\_\_\_ Parent/Guardian(s) Name: \_\_\_\_\_

Applicant Email: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

High School: \_\_\_\_\_ Grade in Fall 2021: \_\_\_\_\_

Advisor: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Why do you want to join the Art Center Teen Leadership group?

Please list a few of your interests so that we can get to know you a bit better.

What is an issue in your world or community that you are passionate about working on to enact change? This will help us develop the themes for our workshops!

In a group work scenario, how would you describe your role? (leader, organizer, note taker, supporter, motivator, etc.)

Who are some of your favorite artists, performers, and musicians?

What kind of art do you like to view and/or make? If you have it, feel free to attach examples or share links to your original works.

How did you hear about Art Center Teen Leadership?

You're almost done! Don't forget to fill out and return the **City of Palo Alto Volunteer Forms** (make sure your parent signs it too!) and the **Photo Release Form** with this application. Thank you for your interest in Art Center Teen Leadership, we will be in touch in late August about next steps if your application is accepted.

**Please return signed copy of this form to the Palo Alto Art Center. Forms can be submitted via email, fax, or mail.**

Email: [grace.abusharkh@cityofpaloalto.org](mailto:grace.abusharkh@cityofpaloalto.org)

Fax: 650.326.6165

Attn. Director of Volunteer Engagement

Palo Alto Art Center

1313 Newell Road, Palo Alto, CA 94303



**ART CENTER TEEN LEADERSHIP PHOTOGRAPHY WAIVER**

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**PHOTO AND VIDEO WAIVER**

Photos and footage of teen volunteer may be used for publication including newsletter, press media, website, flyers, and brochures by all City of Palo Alto entities.

Teen Volunteer Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**ART CENTER TEEN LEADERSHIP GUARDIAN CONSENT FORM**

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**TEEN VOLUNTEER PROGRAM GUARDIAN CONSENT**

The Palo Alto Art Center’s Teen Volunteer Program has a variety of volunteer opportunities for teens 12 to 17 years of age. Current opportunities include: administrative projects, family day volunteers, community outreach art activities, behind-the-scenes art prep, and the Art Center Teen Leadership group. Summer specific opportunities include camp counselors-in-training and internships.

**Teen Volunteer Program Supervisor:**

Grace Pegan Abusharkh, Director of Volunteer Engagement

**Teen Volunteer Parent/Guardian Consent:**

This acknowledges that my child desires to volunteer his or her services to the City of Palo Alto, performing duties similar to those listed above and that services rendered by my child will be at the direction of the above named volunteer supervisor. I understand that my child will not be compensated for these services and that he or she serves at the pleasure of their supervisor. Additionally, I understand that my child cannot commence his or her volunteer services until the City has received a signed copy of this form.

Teen Volunteer Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## CITY OF PALO ALTO VOLUNTEER IDENTIFICATION FORM

### TO BE FILLED OUT BY VOLUNTEER:

**Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street, Apt. # City Zip Code

**Phone Number:** \_\_\_\_\_  
Area Code/Phone #

**Emergency Contact:** \_\_\_\_\_  
Name Area Code/Phone #

**Department:** \_\_\_\_\_

**Desired Volunteer Dates/Frequency:** \_\_\_\_\_  
Start Date End Date

**Are you a City staff member?** Yes  No

**Are you under the age of 18?** Yes  No   
If you are under the age of 18, please provide date of birth: \_\_\_\_\_

**Have you ever been convicted of a violation of the law excluding minor traffic violations?** Yes  No

### TO BE FILLED OUT BY DEPARTMENT:

**Supervisor's Name:** Grace Pegan Abusharkh, Director of Volunteer Engagement

**Assignment and Summary of Duties:** Art Center Teen Leadership Volunteer, see position description

1. Need to drive vehicle on business? Yes  No  4. Need for fingerprinting\*? Yes  No   
2. Need to travel on business? Yes  No  5. Need for TB testing? Yes  No   
3. Need for references? Yes  No

### TO BE SIGNED BY VOLUNTEER AND SUPERVISOR:

This is to acknowledge that I desire to volunteer my services to the City of Palo Alto, performing duties similar to those listed above and that services rendered by me will be at the direction of the above named volunteer supervisor. I understand that I will not be compensated for these services and that I serve at the pleasure of my supervisor.

\_\_\_\_\_  
Signature of City Volunteer (and parent if volunteer is under age 18) Date \_\_\_\_\_

\_\_\_\_\_  
Signature of City Personnel Date \_\_\_\_\_