



## Volunteer Position Description

Position Title: **Summer Camp Assistant** Your Name: \_\_\_\_\_

**Overview of position:** Summer Camp Assistants will enhance the Summer Camp experience by assisting the Summer Camp Educators and Summer Camp Counselors. Responsibilities include but are not limited to: assisting both Summer Camp Educators and Counselors and with supervising campers during before and after care times (8:00-9:00am and 4:00-5:00 pm), lunch time (12:00-1:00) and break times. They will also facilitate activities and help with set-up/take-down of classroom or activities. Camp Assistants will gain experience in the following areas: child supervision, group management curriculum/activity facilitation, customer service and public speaking skills. Lunch will be provided.

**Reports to:**

- 1) Summer Camp Coordinator  
Amanda Clapper (503.371.3631 or [summercamps@acgilbert.org](mailto:summercamps@acgilbert.org))
- 2) Volunteer Coordinator  
Ryan Kinnett (503-371-3631 or [outreach@acgilbert.org](mailto:outreach@acgilbert.org))
- 3) Summer Camp Educators and Summer Camp Counselor

**Time Required:** We ask that you commit to a minimum of one week of volunteer service. Please check the times you would like to volunteer:

- Morning Shift: 8:00-1:00**     **Afternoon Shift: 12:00-5:00**     **All Day 8:00-5:00**
- Week 1: July 11-July 15     Week 4: August 1-August 5     Week 7: August 22-August 26
- Week 2: July 18-July 22     Week 5: August 8-August 12
- Week 3: July 25-July 29     Week 6: August 15-August 19

I understand that this is an unpaid volunteer position. (Initials \_\_\_\_\_)

**Location:** Gilbert House Children's Museum – 116 Marion St. NE, Salem

### Qualifications:

- Must be **14 years or older** to volunteer without a parent present
- Ability to relate to and interact with children and families
- Ability to listen to instruction and willingness to engage
- Skills preferred but not required: knowledge of Gilbert House Children's Museum history and exhibits, ability to address and manage large groups, ability to facilitate activities to individuals or groups

### Benefits:

- Offers experience in child supervision
- Offers experience in activity development and facilitation
- Skill building and experience in public speaking, managing large crowds and customer service
- Fulfill volunteer service requirements for school, work, etc.
- 1 year Museum Membership after 100 hours of volunteer service completed in one year (September 1-August 31)

**Process:** (1) Submit completed Youth or Adult Volunteer Application to Volunteer Coordinator (2) You will be invited to interview for position (3) If accepted - attend Mandatory Training 6/29 or 7/6 10:00-11:30AM



## New Volunteer Summer Camp Assistant Application—Youth

Gilbert House Children's Museum relies on volunteers to enrich the experience of its visitors. Gilbert House Children's Museum is committed to equal volunteer opportunity in all of its program practices. In appointing volunteers, it is important that the requirements of the position match the skills, interests, and time availability of the volunteer. All information provided by this application is confidential and will not be shared with anyone outside Gilbert House Children's Museum staff. A parent permission form must be signed and on file for volunteers under 18 years of age. The completion of a criminal and civil background check will be required for volunteers over 18 years of age. Acceptance of this application does not imply placement to a volunteer position at Gilbert House Children's Museum and please allow us 2-3 weeks to assess placement opportunities for you.

### Personal Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How did you learn about volunteer opportunities at Gilbert House Children's Museum?

### Qualifications/Experience

Have you volunteered at Gilbert House Children's Museum in the past? **No** **Yes** When?

If Yes, what were your duties?

### Special Skills

Describe your specialized skills, talents, and interests: Skill Level: Beginning Intermediate Expert

A) \_\_\_\_\_

B) \_\_\_\_\_

C) \_\_\_\_\_

### Education

What school do you currently attend? \_\_\_\_\_



**Explain why you are interested in the Summer Camp Assistant Position: (use space below)**

**Emergency Contact Information**

Primary Emergency Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Please list any allergies or medical conditions of which museum staff should be aware:**

**Publicity Consent**

May we have your permission to take a photo or video of you during our events or other volunteer opportunities and use it for promotional purposes?      **Yes**      **No**

*I hereby affirm and certify that all information provided in this volunteer application is true and complete. I understand that Gilbert House Children's Museum will rely upon the accuracy and truth of this information. Any significant omissions or falsifications are basis for immediate dismissal. I understand that Gilbert House Children's Museum will require a background check or parent permission prior to volunteer assignment.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**\*\*Return completed Volunteer Applications to Volunteer Coordinator\*\***



## Youth Volunteer Permission Form

Your son/daughter has asked to volunteer at Gilbert House Children's Museum  
Please complete this form if you will allow him/her to volunteer.

### General Information:

Youth Volunteer's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Work phone \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_

Work phone \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

### Permission to volunteer, please initial your approval:

\_\_\_ My son/daughter has permission to volunteer at Gilbert House Children's Museum.

\_\_\_ My son/daughter may ride with an Gilbert House Children's Museum staff person in a van or car for volunteer-related activities under proper supervision.

\_\_\_ My son/daughter may have his/her picture taken and used for publicity purposes.

### Permission for Medical Treatment, please initial your approval:

\_\_\_ In an emergency, Gilbert House Children's Museum has my permission to call an ambulance or take my son/daughter to any available physician or hospital at my expense. I understand that every effort will be made to contact me or the emergency contact person(s) as soon as possible.

**It is understood that as a participant in the Volunteer Program, your son/daughter is not an employee of Gilbert House Children's Museum. By signing this application, you agree to release Gilbert House Children's Museum from all liability in the event of an accident, injury, or illness that occurs while your son/daughter is volunteering, as well as any damage, accident or injury that may be caused by your son/daughter against another volunteer or a guest of Gilbert House Children's Museum.**

\_\_\_\_\_  
Signature of Youth Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date