NOMA seeks enthusiastic, hard-working, creative teen volunteers to be art camp counselors. Volunteering in NOMA’s summer art camps provides teens with professional experience in an art classroom environment. Teens will not only learn more about art, but will also have the opportunity to discover different museum career opportunities and earn valuable community service experience.

Time commitments: June 6-July 1 and/or July 11-August 5, Monday-Friday, from 8:45 am – 1:00 pm or 12:30 pm – 4:45 pm plus additional orientation day

Requirements:

* NOMA Teen Camp Counselor application
* 2 letters of recommendation from teacher
* Interview
* Must be age 16+

Teens will receive:

* Professional experience in a museum and art camp setting
* Exposure to museum careers

To be considered for a volunteer teen camp counselor position at NOMA, please complete this form and submit with two letters of recommendation from teachers.

**Deadline: May 16**

Email: education@noma.org

Fax: 504-658-4199

Mail: P.O. Box 19123, New Orleans LA 70179

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| **CONTACT INFORMATION** |
| Name: |
| Address: | City, State, Zip: |
| Phone: | Email: |
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| Guardian’s Name: |
| Address: | City, State, Zip: |
| Phone: | Email: |

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| **SCHOOL** |
| School: |
| What grade will you be going into? | 10th | 11th | 12th | Age: | GPA: |
|  |
| Recommending Teachers: |
| Name: |
| Phone: | Email: |
|  |
| Name: |
| Phone: | Email: |

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| **AVAILABILITY** |
| What is your preferred shift? |
| Month: | June 6-July 1 | July11-August 5 | Times: | 8:45 am – 1:00 pm | 12:30 – 4:45 pm |

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| **INTEREST** |
| Please write a short paragraph (4-5 sentences) explaining why you would like to be a teen camp counselor at NOMA. |
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| **PREVIOUS EXPERIENCE** |
| If you have any relevant experience, please describe it below. |
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| **AGREEMENT AND SIGNATURE** |
| By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on the application may result in my immediate dismissal. |
| Name (printed): |
| Signature: |
| Date: |
|  |
| Guardian’s Name (printed): |
| Signature: |
| Date: |