



## **NOMA TEEN SQUAD APPLICATION**

NOMA seeks creative, enthusiastic, dedicated high school students to join the NOMA Teen Squad! Be a part of the museum team and help shape teen programs at NOMA!

### **What is the NOMA Teen Squad?**

- A group of creative high school students from across the Greater New Orleans area who work closely with museum staff to develop and implement programs and projects designed to engage teens.
- The NOMA Teen Squad will meet the first Wednesday of each month, October 2016 – May 2017, to plan events, work on projects, and learn more about museums and art.

### **Who should apply?**

- Teens who are currently in 9<sup>th</sup>-12<sup>th</sup> grade.
- Highly motivated teens who are enthusiastic about being a part of the museum team.
- Teens who can commit to being an active attendee of meetings and NOMA Teen Squad events.
- Teens who like being creative—artists and non-artists are both welcome!

### **Application Requirements**

- NOMA Teen Squad application
- 2 letters of recommendation from teachers
- Interview with NOMA staff
- Must be currently enrolled in high school

Email: [education@noma.org](mailto:education@noma.org)

Fax: 504-658-4199

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



## **NOMA TEEN SQUAD APPLICATION**

### **CONTACT INFORMATION**

Name:

Address:

City, State, Zip:

Phone:

Email:

School:

Grade:

Guardian's Name:

Address:

City, State, Zip:

Phone:

Email:

Recommending Teachers:

Name:

Email:

Name:

Email:

### **PREVIOUS EXPERIENCE**

If you have any work or volunteer experience, please describe it below.



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### **INTEREST**

Please write a short essay (2 paragraphs, 4-5 sentences each) explaining why you would like to join the NOMA Teen Squad.



## **NOMA TEEN SQUAD APPLICATION**

### **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):

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Signature:

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Date:

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Guardian's Name (printed):

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Signature:

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Date:

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