Dear Prospective Young At Art Museum Teen Volunteer,

Thank you for your interest in volunteering with Young At Art Museum. The YAA Teen Leadership Program offers an unparalleled experience when choosing to support your community through Fine Arts and Education. Whether for a requirement, résumé builder or leisurely purposes, Young At Art Museum offers many different community service hour opportunities for all teens that meet the age requirement of 14 — 18 years old to apply.

It is important to know that the YAA Teen Leadership Program will constantly challenge and encourage our participants to learn and grow when volunteering with YAA— a true artist knows that their work is never done. Young At Art Museum is the ideal educational and artistic organization for teens to engage in and participate with their community— young adults will be presented with the opportunity to make a noticeable difference in the world around them by working with an artistically minded, individual-orientated, celebrated and approved 501(c)(3) non-profit organization.

HOW TO APPLY & START VOLUNTEERING WITH YOUNG AT ART:

1. COMPLETE & SUBMIT YOUR ONLINE APPLICATION, SELECT AN ORIENTATION DATE & FILL OUT YOUR PARENT APPROVAL FORMS PACKET
   Complete your ONLINE APPLICATION and submit it. Once you hit “submit” a window will pop up inviting you to select an orientation date. Select the date and be sure to write down the day and time you selected. Also you and your parents must fill out and sign the APPROVAL FORMS PACKET. You will need to fill out the complete packet including social security number in order for us to register you as a YAA Volunteer to be finger printed. Hold this packet and bring it into your orientation.

2. ATTEND AN ORIENTATION AT YOUNG AT ART.
   A parent or guardian must attend the first hour of YAA Orientation in order to schedule volunteer availability and discuss the rules, procedures and expectations when volunteering with Young At Art.
   The remaining time of the orientation will include a museum tour, exhibit exploration & art training session.
   A one-time $50 Orientation and Training Fee is payable by cash or card in the beginning of the YAA Orientation (this includes your Young At Art Volunteer T-shirt and name tag).

3. GET BACKGROUND CHECKED AND FINGERPRINTED.
   In order to volunteer at YAA Museum both the volunteer and parent must fill out a Privacy Acknowledgement Form and also the Care Provider Background Screening Clearinghouse Background Screening Request Form. YAA will then register you as a volunteer with the Museum and send you information on where you can get background checked. You will be able to pick your own location and time and pay the Clearinghouse directly. It will cost approximately $68.00. ALL OF THIS MONEY GOES TO THE STATE OF FLORIDA NOT YAA!

WELCOME TO THE YAA FAMILY! You are now an official Member of Young At Art Museum as a YAA Teen Volunteer and participant in our Young At Art Teen Leadership Program. If you have any questions or comments please feel free to contact the Teen Center at 954-424-5034 or email us at volunteer@youngatartmuseum.org Thank you in advance for offering us your time and talents. We look forward to working with you!

Warmest,

Delaney Riddering and Zack Spechler
Volunteer Coordinators

youngatartmuseum.org
751 SW 121st Ave, Suite 1, Davie, Florida 33325
954-424-0085 • 954-473-8798 (fax)
PARENTS AND VOLUNTEERS: READ THIS PAGE BEFORE YAA ORIENTATION

YAA Orientation will provide further information and training about all the different kinds of volunteer opportunities our museum has to offer. Young At Art Volunteers will naturally find where they fit best...and this is useful for both YOU as a volunteer and YAA as an organization. Participating in each kind of volunteer opportunity is essential—finding where you are most comfortable and effective will take some time but it is well worth the efforts!

YAA HAS 4 MAIN VOLUNTEER TEAMS THAT WORK TOGETHER IN ORDER TO DELIVER THE YAA MISSION OF, “CREATING INSPIRING, INTERACTIVE EXPERIENCES IN WHICH ART IS CENTRAL TO SHAPING YOUNG MINDS AND ENRICHING OUR COMMUNITY.”

MUSEUM EXHIBITS: The “home base” of YAA, weekend volunteers at the Museum will be responsible to help with a variety of tasks. Art birthday parties, tours, exhibit maintenance, prep work and additional art programming; among other duties, are a few of the most important jobs that weekend volunteers at the Museum have. Learn daily YAA operations! Museum Weekend Volunteer Characteristics: WELCOMING, PROFESSIONAL, HELPFUL & FLEXIBLE

ART INSTITUTE: The core of YAA as an organization, the opportunity to learn and teach art through practicing artists has always been our priority. Work in the YAA Art Institute alongside YAA Art Educators and be an art teacher’s assistant in classrooms during our programs of camps, classes and workshops. Interact with, learn, and teach kids through art! Art Institute Volunteers Characteristics: DEDICATED, CREATIVE, PATIENT & MATURE

SPECIAL EVENTS: YAA hosts a variety of special events for our museum members as well as the public. Special events generally take place Friday evenings or Saturdays and will therefore include similar responsibilities to weekend volunteering at the museum...with extra added art themes, programming & fun! Schedule, prep, and attend artful Special Events! Event Volunteer Characteristics: FOCUSED, ENERGETIC & FRIENDLY

COMMUNITY OUTREACH: Part of the magic of YAA is the ability we have to share our passion for art with those outside the museum walls! YAA supports the arts by being present in the community and spreading art education to the rest of South Florida at other community events & happenings! Connect with the community & spread the YAA mission! Community OUTreach Volunteer Characteristics: RESPONSIBLE, KNOWLEDGABLE & PUNCTUAL

Much of volunteering with YAA is making personal connections with people through art. Whether or not you are a practiced artist does not matter—Young At Art Museum celebrates the skills and personalities of all our volunteers and each is just as important as the other. It is important to remember to be flexible, open to learning and trying new things, as well as figuring out where you feel most confident when volunteering with Young At Art Museum to set yourself up for volunteering and hands-on learning success!
YOUNG AT ART | MUSEUM
VOLUNTEERS

VOLUNTEER APPLICATION FORM
PRINT CLEARLY & COMPLETE ALL SECTIONS.

TEEN NAME (FIRST) ___________________________ (LAST) ___________________________

TEEN EMAIL ___________________________

TEEN CELL # ___________________________

PARENT: ___________________________

NAME ___________________________

EMERGENCY CONTACT: ___________________________

NAME ___________________________

CELL #: ___________________________

PHONE NUMBER ___________________________

E-MAIL THAT WILL BE CHECKED ___________________________

RELATIONSHIP TO TEEN ___________________________

TEEN MEDICAL CONDITIONS / ALLERGIES / SPECIAL NEEDS ___________________________

TEEN D.O.B. MONTH / DAY / YEAR ___________________________
I, the undersigned, wish to volunteer my services to Young At Art Museum. I hereby agree and release Young At Art Museum as follows:

I acknowledge and agree that the nature of the volunteer services which are typically performed by Young At Art Museum volunteers and which may be performed by me as a Young At Art Museum volunteer, may involve a) physical activity (including without limitation work with heavy tools and materials), b) contact with unidentified and unfamiliar persons, c) travel to and from various locations, and d) other potential risk of injury. Notwithstanding the preceding sentence, I willingly and freely agree to volunteer and hereby assume any and all risk in connection with my volunteer efforts or participation, including without limitation risk of any accident or injury to person or property which I may sustain in connection with my participation as a Young At Art Museum volunteer or in any Young At Art Museum related project or activity. In addition to the foregoing, I will only participate in Young At Art Museum activities and projects that I am physically capable of participating without risk of injury to myself.

I hereby acknowledge that Young At Art Museum is an organization involved in providing services and programs to children under the age of 18. I hereby confirm, represent and warrant that I have never been convicted of a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or sexual offense or any other violation of law, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith or ordered to do community service. I acknowledge that I and my child have received a copy of the privacy policies from the Florida Department of Law Enforcement and the FBI, which describe the exchange of information where criminal results will become part of the Care Provider Background Screening Clearinghouse. I understand and agree that I and my child will read and comply with the guidelines contained in the privacy policies.

I hereby release Young At Art Museum and its directors, officers, partners, agents, employees, successors, assigns, licensees, sponsors, donors, representatives, guests, and affiliates from, and covenant not to sue for, any and all claims and causes of action, whether known or unknown, arising out of, based upon or relating to my participation as a Young At Art Museum volunteer or in any Young At Art Museum related activity or project, including, without limitations, any negligence of Young At Art Museum, its officers, directors, partners, employees, agents, successors, assigns, licensees, sponsors, donors, representatives, guests, and affiliates. Furthermore, to the extent I utilize my own vehicle for transportation or other purposes, in connection to a Young At Art Museum project or activity, I hereby represent and warrant that I am, and the vehicle is, fully insured to the extent required by law.

I hereby agree to indemnify and hold Young At Art Museum, its directors, officers, partners, agents, employees, successors, assigns, licensees, sponsors, donors, representatives, guests, and affiliates harmless against any and all liabilities, claims, actions, damages, losses, judgments, fines, injuries, suits and proceedings at law or in equity, costs, or any other expense, fee or charge of any character or nature through all levels of appeal and any amounts paid in settlement of the foregoing which may be imposed upon, incurred or threatened by or upon Young At Art Museum (or any related part as referenced above) or any of its property in respect to, or arising out of, my participation, as a Young At Art Museum volunteer or in any Young At Art Museum related project, activity, or fieldtrip.

I further irrevocably grant to Young At Art Museum, its assigns and successors, my consent and full right to: use my name, photograph, likeness, image, voice and biography in and all media, publications, advertising and publicity, in connection with my participation with Young At Art Museum and any Young At Art Museum related activity, project, or fieldtrip. This release shall inure to the benefit of Young At Art Museum and its successors, licensees, agents, employees, affiliates, and assigns. This release shall be governed by the laws of the State of Florida.

MEDIA RELEASE. By my signature below, I give Young At Art Museum permission to use my or my child’s image in photograph(s) in its materials for educational and promotional purposes. I understand that the photograph(s) may be used in an exhibit, print publication, or electronic media. I release Young At Art, their officers, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

☐ I do not authorize Young At Art of Broward, Inc. to use my child’s image.

TRANSPORTATION RELEASE. By my signature below, I give my child permission to ride with Young At Art of Broward, Inc. to and from outreaches, fieldtrips and other programs by bus, van or private vehicle.

☐ I do not authorize my child to take transportation provided by Young At Art of Broward, Inc.

NAME (print): _______________________________ Date: _______________________________

SIGNATURE: _______________________________

PARENT NAME (print): _______________________________ Date: _______________________________

SIGNATURE: _______________________________

**For Volunteers under 18 years of age, a parent/guardian must sign this release**
Care Provider Background Screening Clearinghouse
Background Screening Request Form

You have applied for a position with a health care and/or service provider regulated by a specified agency in the Care Provider Background Screening Clearinghouse (Clearinghouse) that requires a fingerprint-based background check. As a health care and/or service provider regulated by a specified agency in the Clearinghouse we may conduct a search for an existing background screening result or submit a new background screening request through the Clearinghouse results website on your behalf.

In order to complete the search and/or background screening request we must collect the following information. This information is required by the Clearinghouse, the Florida Department of Law Enforcement, and the Federal Bureau of Investigation.

Please provide the following information:

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*Denotes Required Fields
PRIVACY POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I will read and comply with the guidelines contained in the privacy policies.

____________________________________
Employee/Contractor Name (Printed)

____________________________________
Employee/Contractor Signature

____________________________________
Date
Parent/Guardian Privacy Policy Acknowledgment Form

I acknowledge that I and my child have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I and my child will read and comply with the guidelines contained in the privacy policies.

________________________________________
Volunteer /Child Name (Printed)

________________________________________
Parent Name

________________________________________
Parent Signature

________________________________________
Date
PRIVACY STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information: The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice.
FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

NOTICE OF:

- SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,
- RETENTION OF FINGERPRINTS,
- PRIVACY POLICY, AND
- RIGHT TO CHALLENGE AN INcorrect CRIMINAL HISTORY RECORD

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.