



## **Teen Interpreter Program (TIP)**

### **Program Overview**

June 21, 2010 to August 28, 2010

#### **Program Mission:**

The Teen Interpreter Program (TIP) is designed to introduce high school students to museums and living history through volunteerism, research, interactive programs and field trips.

#### **Participant Requirements:**

Participants must be between the ages of 14 and 18 on June 21, 2010. They must complete and return a medical information and release form before participating in the program.

#### **Training and Hour Requirements:**

Students must attend a 4 day-long orientation and training, June 21-June 24, 10:00am to 2:30pm each day.

Thereafter, the participant must commit to a minimum 3-hour volunteer shift one day a week (Monday through Saturday), in addition to attending weekly workshops on Fridays at 10am, for a minimum weekly time commitment of 4 hours total.

#### **Application Process:**

Students must complete the TIP Participant Application to be considered for enrollment in the program. Applications are due on **June 14<sup>th</sup> at 5:00pm**. Enrollment is limited and returning students will be given preference. Upon acceptance to the program students will be notified and contacted with more information about the orientation week. Application materials are available for download on the volunteer section of the museum's website: [www.missionmill.org](http://www.missionmill.org) or can be obtained from the museum, call (503) 585-7012 or email [kyliep@missionmill.org](mailto:kyliep@missionmill.org).

#### **School Credit:**

Participants in the Teen Interpreter Program may be granted ½ elective credit through the Salem-Keizer School District. There is a minimum hour requirement of 65 hours to receive credit. This credit option is at the discretion of the school administrators and students are responsible for discussing this with their counselors.

#### **Evaluations:**

Program Participants will be asked to review their performance at the end of the program. A performance review by the program supervisor is required for any student seeking credit. All participants will also be asked to review the program in an effort to improve the program.



## TIP Participant Application

Submit completed applications (4 pages of forms plus any additional sheets needed) to Mission Mill Museum 1313 Mill St SE Salem, OR 97301; Fax (503)-588-9902; Email: [kyliep@missionmill.org](mailto:kyliep@missionmill.org). Please contact Kylie Pine 503-585-7012 with any questions. **Applications must be received by June 15 at 5:00pm.**

Name \_\_\_\_\_ Nickname \_\_\_\_\_

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

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

E-mail \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you interested in receiving school credit?  Yes  No School \_\_\_\_\_

Your Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

Have you volunteered at Mission Mill Museum before? If so, what did you do?

\_\_\_\_\_

What do you want to participate in TIP? (continue on back if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What special interests, skills or experiences would you bring to the program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **TIP Participant Program Agreement**

### **What Can I Expect from Mission Mill Museum as a Volunteer in the Teen Interpreter Program?**

#### **You will:**

- Be welcomed into the program and engaged in active learning and volunteer work
- Receive orientation, training and supervision for the duration of the program
- Be given appropriate expressions of appreciation and recognition
- Expect that your time will not be wasted by lack of planning, coordination and cooperation within the agency
- Receive consultation and review of performance
- Have an environment that welcomes your ideas and concerns about programming
- Have a staff member that you can turn to with any ideas, concerns, or problems that might arise regarding your relationship with Mission Mill Museum
- Expect that volunteer records will be kept documenting volunteer experience, positions held, training, evaluation and commendation
- Have all these things done in a spirit of friendliness and cooperation so that Mission Mill Museum will continue to be known as a “great place to volunteer!”

### **What does Mission Mill Museum Expect from our Teen Interpreter Program Participants?**

#### **While serving as a volunteer for Mission Mill Museum:**

- I will represent the museum in a positive manner
- I will arrive on time or a few minutes early for my shift/activity
- I will call at least one day in advance (except for emergency or sudden illness) if I can't make my scheduled time
- I will sign in and out every time I work
- I will dress appropriately: no short shorts, no tank tops, no T-shirts that promote alcohol, sex, drugs, smoking, foul language, etc. In addition, if my volunteer position requires a specific piece of apparel to be worn during my volunteer shift, I agree to wear the clothing item(s)
- I will abstain from smoking and the use of drugs, alcohol and foul language on the premises (remember, we're open to the public!)
- I will not make comments of a sexual nature towards any museum visitors, volunteers, or staff
- I realize that the museum values diversity and I agree to treat all visitors, volunteers, museum tenants and staff with courtesy and respect
- I understand that I am a volunteer for Mission Mill Museum and I give my permission for Mission Mill Museum to use, without limitation or obligation,



photographs, film footage, which may include my image and/or voice for the purpose of promoting and interpreting Mission Mill Museum's programs and events

- I understand that both parties (myself and Mission Mill Museum) have the right to cease volunteer service at any time
- I will sign in/out when I arrive/leave during my assigned time (including leaving the site for lunch)

### **What Mission Mill Museum Expects of Parents/Legal Guardians**

- I will keep my child informed of appointments and family obligations that may conflict with the program's schedule
- I will assist my child in arranging for transportation to and from the museum
- I recognize that the program can be used for a future work reference, and as such scheduling is the responsibility of my child, and not myself
- I grant permission for Mission Mill Museum to use my child's image and/or voice for promoting the museum.
- I understand that my child is responsible for signing in/out upon arrival and departure
- I understand that my child has the right to leave the museum at any time. The museum cannot and will not force participants to remain on site
- I will discuss this agreement with my child and I will support their enrollment in this program

Participant's Name (Please Print): \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian's Name (Please Print): \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Member (Please Print): \_\_\_\_\_

Staff Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**MISSION MILL MUSEUM MEDICAL INFORMATION AND RELEASE FORM**

This form must be completed for every participant in the Teen Interpreter Program(TIP). Please Print.

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT/GUARDIAN NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ PARENT WORK/CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Please list any health problems, mental or physical conditions that might require special planning or consideration for participation in activities with Mission Mill Museum. Examples: allergies, asthma, autism, chronic disease, crippling conditions, sight or hearing problems, seizures, special diet, or any condition requiring medication.

CONDITIONS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

**IN EMERGENCY, IF UNABLE TO LOCATE PARENT/GUARDIAN, CONTACT:**

NAME: \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK/CELL \_\_\_\_\_

In consideration for the right to participate in the program, the UNDERSIGNED hereby assumes all responsibility for medical treatment and insurance to cover any injury or illness occurring while in the Teen Interpreter Program, (referred to hereafter as TIP), and holds TIP harmless from any and all liability, actions, causes of actions, debts, claims and demands of every kind and nature whatsoever, which arise from or in connection with program activities.

The UNDERSIGNED, understands that the student is covered by Mission Mill Museum's commercial general liability insurance while in the care of Mission Mill Museum, but not by worker's compensation insurance, health, accident, life insurance or social security through Mission Mill Museum for any accident, illness or injury to the student. We further understand that if a staff supervisor requests the student to perform a task that exceeds the student's physical capabilities, the student is responsible for declining the assignment.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date