

## MAP Application 2024-2025

2024-2025

Thank you for your interest in the Museum Apprentice Program (MAP) for the 2024-2025 program year. This application includes two parts. The first part must be completed by the parent or legal guardian of the Museum Apprentice Program applicant. Part two will be completed by the youth applicant.

\* 1. Are you the parent or legal guardian of the Museum Apprentice Program applicant?

Yes

No

By providing personal information for your child under the age of 18, you acknowledge and agree that The Children's Museum of Indianapolis, Inc. (the "Museum") may use the contact information provided, including but not limited to email and phone number, to contact your child directly about volunteer opportunities, scheduling, and reminders. The Museum will not disclose your child's personal information to third parties for any reason. The personal information you provide will be stored in the Museum's database; you can review or have your child's personal information deleted pursuant to the terms of the Museum's Children's Privacy Policy: <https://www.childrensmuseum.org/childrens-privacy>

## **MAP Application 2024-2025**

### **Questions to be answered by Parent or Legal Guardian**

The next section must be filled out by the parent or legal guardian of the MAP applicant.

## MAP Application 2024-2025

### Parent or Legal Guardian Questions

#### \* 2. Youth Contact Information

First and Last Name	<input type="text"/>
Preferred Name	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text" value="-- select state --"/>
ZIP/Postal Code	<input type="text"/>

#### \* 3. Youth E-mail Address

#### 4. Youth Phone Number (xxx-xxx-xxxx)

#### \* 5. Youth's Date of Birth (MM/DD/YYYY)

Applicants must turn 13 before December 31, 2024. Please contact Lindsey DeLorey at [ldelorey@childrensmuseum.org](mailto:ldelorey@childrensmuseum.org) with questions.

\* 6. With which race(s) and ethnicity does the youth identify? (Select all that apply or write in an option.) \*This information is used to report to our grant funders and will not play a role in our selection process.

- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native American or Alaska Native
- Native Hawaiian or Other Pacific Islander
- White
- Another race or ethnicity, please describe:

\* 7. Education Level for 2024-2025 School Year

\* 8. School Type

\* 9. Emergency Contact #1: Information

Emergency Contact Name	<input type="text"/>
Relationship	<input type="text"/>
Primary Phone	<input type="text"/>
Secondary Phone	<input type="text"/>
Email Address	<input type="text"/>

\* 10. Emergency Contact #2: Information

Emergency Contact Name	<input type="text"/>
Relationship	<input type="text"/>
Primary Phone	<input type="text"/>
Secondary Phone	<input type="text"/>
Email Address	<input type="text"/>

## **MAP Application 2024-2025**

### **MAP Applicant Needed**

This next section must be filled out by the MAP Applicant. Please allow the youth to answer the following questions.

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### MAP Applicant Questions

This section should be completed by the MAP Applicant.

11. With which gender do you identify?

12. What are your preferred pronouns?

\* 13. The Museum Apprentice Program aims to develop well rounded thinkers and active citizens with a sense of autonomy, which requires competency, empathy, responsibility, and community. Why do you want to join the Museum Apprentice Program?

\* 14. What motivates or inspires you?

\* 15. Please select two of the following components of the program that interest you.

- Volunteer Opportunities at the Museum
- Community Service Projects
- Behind the Scenes Tours
- Time Management Skill Building
- Public Speaking Skill Building
- Leadership Opportunities
- College and Career Workshops and Resources
- Connections with Local Organizations through field trips, guest speakers, and workshops

\* 16. Explain why you are interested in these two components of the program.

\* 17. Do you have any other experience volunteering or working in your school or community? Please describe.

\* 18. The majority of MAP meetings take place one Saturday morning and one Wednesday evening per month. The program requires 70% meeting attendance. List any extracurricular activities in which you are, or will be involved. Include the months, days of the week, and hours of your extracurricular activities that you are aware of at this time.



## **MAP Application 2024-2025**

### **Museum Apprentice Program Agreement**

Thank you for completing the application for the Museum Apprentice Program at The Children's Museum of Indianapolis.

You will be notified in June if you've been accepted to an interview which is the next step of the application process. Virtual group interviews will be on Friday, July 19.

\* 19. I hereby certify that this application is true and complete to the best of my knowledge.

I Agree