PAFA YOUTH COUNCIL 2021/2022 Application

Youth Council is a free after school program available to students in grades 9-12 that offers opportunities for paraprofessional experiences within PAFA's museum, including organizing events and programs for the museum’s expanding teen audience.

To be considered, students must submit a completed application, and if chosen, come in for an interview with the Teen Programs Coordinator. From there, students will be notified via email of their acceptance.

What is the Youth Council?
The Youth Council is a small group of teens who meet weekly to explore the relationship between their peer group and art museums. They will have privileged access to PAFA's art collection, staff and resources. In addition to creating, discussing and exploring art, they assist with planning and hosting events geared towards teens.

Additional program highlights include:
- Special access to PAFA staff and resources.
- Studio visits with practicing artists.
- Curating an art exhibition.
- Field trips to other cultural institutions.
- 1 year Family Membership upon completion of the program.

Important Dates:
- The Youth Council will meet on Wednesdays. The first and third meeting of each month will be held in person at PAFA from 4-6pm. The second and fourth meeting of each month will be held via Zoom from 4:00 – 5:15pm. Youth Council will run through the beginning of May 2021.
- Applications are due Sunday, October 3rd. Early applications are encouraged.
- Students will be notified of their status via email by October 13th. No phone calls please.
- The first Youth Council meeting will take place on Wednesday, October 20th at 4pm at PAFA.

Requirements
- Applications are due Sunday, October 3rd. Please email them to Kristina Murray at kmurray@pafa.org
- Candidates must be a teen and currently in grade 9, 10, 11 or 12.
- Candidates must complete this application in full.
- Eligible candidates must complete an interview via Zoom or phone call.
- Students must submit proof of vaccination to participate in the program.
- Candidates MUST be available Wednesdays from 4:00 – 6:00 from October to May.
APPLICANT INFORMATION all fields required
First Name__________________________ Last Name ______________________________
Nickname__________________________ E-Mail ___________________________________
Street________________________________________________________________________ Apt #: ____________
City: ____________________________ State: _______________ Zip:__________________
Birth Date ___/___/_____ Grade: _____ School: ___________________________________
Preferred Pronouns___________________ Cell Phone ______________________________
How did you hear about this opportunity? _______________________________________
Ethnicities (optional) __________________________________________________________

Parent /Guardian Information all fields required
First Name:__________________________ Last Name: ______________________________
Relationship to Applicant ______________________________________________________
Cell Phone __________________________ E-Mail ____________________________
Street________________________________________________________________________ Apt #: ____________
City: ____________________________ State: _______________ Zip:__________________
This person is an emergency contact Yes No

2nd Parent / Guardian Information optional
First Name:__________________________ Last Name: ______________________________
Relationship to Applicant ______________________________________________________
Cell Phone __________________________ E-Mail ____________________________
Street________________________________________________________________________ Apt #: ____________
City: ____________________________ State: _______________ Zip:__________________
This person is an emergency contact Yes No

Parental / Guardian Consent required
Field Trip Release I (print name) __________________________ give permission for my child (child’s name) __________________________ to attend any scheduled field trips as part of the Youth Council program. Furthermore, for and in consideration of arrangements and provisions made for the conduct of the activity, I hereby release the Pennsylvania Academy of the Fine Arts (PAFA) and its representatives from all liability resulting from injury sustained by my child during such trips.

Photo Release The Pennsylvania Academy of the Fine Arts gathers images throughout the year in an effort to tell the story of our organization and our mission. We appreciate your cooperation and consent in allowing us to photograph you and your child for our use in various mediums. These images will be used only for official purposes and with the respect and consideration to which you are entitled. I grant permission to PAFA for full use of photographic/video images taken of me or my child, or of anyone for whom I have legal responsibility on this date.
I acknowledge the commitment my child intends to make to this 8 month program and if they are chosen, I will support their weekly attendance to the best of my ability.

Parent Signature ______________________________________ Date ______________________

Please answer the following questions in the space provided.

1. Why do you want to be on PAFA's Youth Council?

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

2. Please read the “What is the Youth Council?” section. From that description, what are you most excited about and why?

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

3. Read all the options below and circle the 6 that most apply to you.

- I love art.
- I’m organized.
- I love to read.
- Reading is okay – it depends.
- I am an artist.
- I’m okay getting messy.
- I like group projects.
- I work better alone.
- I’m logical.
- I change my mind a lot.
- School is okay.
- I’m close to my family.
- I’m into technology.
- I visit art museums.
- I’m responsible.
- I’m carefree.
- I’m a musician.
- I’m a poet.
- I’m reserved.
- I like art.
- I’m curious.
- I’m a planner.
- I like working with others.
- I am creative.
- I like structure.
- I’m a collaborator.
- I’m a problem solver.
- I’m serious.
- I like public speaking.
- I encourage others.
- I like meeting other people.
- I’m enthusiastic.
- I’m unsure about the future.
- I like sharing my ideas.
- I prefer listening over talking.
- I like math.
- I’m confident.
- I communicate well.
- I’m a neat freak.
- Art is new for me.
- I like sports.
- I like poetry.
- I like to dance.
- I don’t like attention.
- I’m shy.
- I like science.
- I enjoy school.
- I’m thoughtful.
- I’m reserved.
- I’m a good listener.
- I like quiet time.
- I’m self motivated.
- I’m into history.
- I’m a leader.
I’m outspoken. I’m open minded. I’m usually on time.
I like to be active. I’m social. I like research.
I like to write. I’m tolerant of differences. I try new things.

4. Describe your two best qualities:

   Quality 1. ________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

   Quality 2 _________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

5. Describe two qualities you’d like to improve upon and why:

   Quality 1. ________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

   Quality 2 _________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

6. What do you see yourself doing in 10 years?
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

7. What other activities, sports or clubs do you already participate in? Please list the activity and be specific about what months/days/times you participate.

   Example: Basketball on Tuesday and Fridays starting in October ending in January.
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
The Youth Council is a big commitment. In order for council members to get the most out of the program and participate in every project, attendance at each session is mandatory.

**YES, I will be available every Wednesday from 4–6pm from October – May.**

Student Signature _______________________________ Date ____________