

ALBANY INSTITUTE
OF HISTORY & ART

Youth Volunteer Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

School: _____ Grade: _____

Why are you interested in volunteering at the Albany Institute of History & Art?

Are you available to volunteer on weekends? _____ Yes _____ No

Parent/Guardian Contact Information

Name: _____ Relationship: _____

Phone: _____ E-Mail: _____

Parent/Guardian consent is required for volunteers under the age of 18. By signing below I give my approval for the person named above to be involved in the Albany Institute of History & Art volunteer program.

Applicant Signature: _____

Parent/Guardian Signature: _____

Send completed form to:

Patrick Stenshorn, Director of Interpretive Programs
Albany Institute of History & Art
125 Washington Avenue
Albany, NY 12210

Questions? Call 518-463-4478 ext. 405 or email stenshornp@albanyinstitute.org