



Date \_\_\_\_\_

**General information**

Ms.  Miss  Mr.  other

Last Name First Name Middle Initial

Street Address City Zip Code

Home Telephone Mobile

E-mail Address

School Current Grade

**Person to notify in an emergency**

Name Relationship

Home Telephone Business Mobile

**Reference (such as a teacher or guidance counselor)**

Name Relationship

Home Telephone Business Mobile

**Volunteer or work experience**

Organization Dates

Duties

Organization Dates

Duties

**How did you hear about the program?**

**Essay**

One-page essay enclosed: **Why should teens care about the Cleveland Museum of Art?** (Word or PDF format also accepted)

Teen CO•OP  
Hajnal Eppley  
The Cleveland Museum of Art  
11150 East Boulevard  
Cleveland, Ohio 44106  
heppley@clevelandart.org  
216-707-6811

Thank you for taking the time to fill out this form. We greatly appreciate your interest in the Teen CO•OP program. If selected, you will be contacted for an interview at the museum.