



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.