



TSI- Teen Skills Initiative

2008 Summer Program Application

(print, in ink)

STUDENT NAME _____

DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____

CURRENT SCHOOL _____ GRADE LEVEL _____

PARENT'S OR GUARDIAN'S NAME _____

PARENT'S OR GUARDIAN'S DAYTIME PHONE NUMBER _____

EMERGENCY CONTACT: (NAME, RELATION) _____

ADDRESS _____

PHONE NUMBER _____

In your own words, please tell us why you think you would be a good candidate for the Teen Skills Initiative, and what you hope to gain from this program.

Describe a time when you had an opportunity to teach someone. How did you feel?

How do you spend your free time? What are your hobbies?

What are your favorite kinds of science, math or technology and why?

What are your future educational and career goals?

Photo Release Statement

I hereby grant the Buffalo Museum of Science the right to record _____ likeness on film during the course of this program for use in the promotional literature, website updates, reports, and grant/fund-raising proposals for the Museum.

I agree to allow _____ to participate in the TSI Program at the Buffalo Museum of Science.

SIGNATURE of Parent or Guardian _____ DATE _____

**Please return your completed application to:
Buffalo Museum of Science
Attn: Community Programs Manager
1020 Humboldt Parkway
Buffalo, New York 14211
895-8739 (fax)**

APPLICATION DEADLINE FRIDAY, MAY 16, 2008



Reference Form for Teen Skills Initiative

(Name of applicant) _____ is applying to become a participant of the Teen Skills Initiative (TSI) at the Buffalo Museum of Science. As a member of TSI, she may work directly with children, museum visitors, irreplaceable artifacts, valuable specimens and exhibit material. As a result, we would like a reference to accompany the application form, and we would appreciate your help in the application process. Please answer the questions below and add any comments you wish to make about the applicant and return this form directly to the address below. You can be assured that the information you submit will be kept strictly confidential. Thank you for your assistance.

Name of person filling out reference form: _____

Relationship to Applicant: _____

Phone: _____

Date: _____

1. How long have you known the applicant? _____

2. What strengths would this person bring to TSI? _____

3. Would this person have any difficulties fulfilling her duties as a participant? If so, what?

4. Is this person dependable, responsible and organized? _____

5. To your knowledge, does this person interact well with people? _____

6. Do you know of any reason why this person should *not* be considered for a position with TSI?

7. Is there anything else you would like to share about this person? _____

Thank you! Your completion of this form enables us to better serve the needs of both our participants and our visitors. If you have any questions or comments you would like to share, please contact Monika McFoy, Community Programs Manager, at 896-5200, Ext. 343 or mmcfoy@sciencebuff.org

For more information about TSI, please visit our website at: www.sciencebuff.org/teen_skills_initiative.php

Please return this form no later than Friday, May 16, 2008 to:
Buffalo Museum of Science
Attn: Community Programs Manager
1020 Humboldt Pkwy
Buffalo, NY 14211