



HELEN THATCHER WHITE GALLERIES
 BUELL CHILDREN'S MUSEUM
 JACKSON CONFERENCE CENTER
 210 N Santa Fe Avenue • Pueblo, CO • 81003
 719.295.7200 • fax 719.295.7230 • sdc-arts.org

Peer Mentor Program Application

Today's Date: _____

Name: _____

Age: _____ School Name: _____

Phone: _____

Email: _____

Zip Code: _____

Do you have prior volunteer experience at any organization? Yes / No

Have you worked with children before? Yes / No

Are you comfortable or are you interested in becoming comfortable, with assisting instructors in a classroom setting? Yes / No

What inspired or motivated you to join this program? (If additional space is needed, please write "see attached")

What are you most looking forward to about this program? (If additional space is needed, please write "see attached")

MISSION STATEMENT:

The Sangre de Cristo Arts & Conference Center creates artistic and educational experiences for everyone.

The Sangre de Cristo Arts & Conference Center is proud to be a fully accredited member of the American Alliance of Museums.





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What are some goals, skills, or areas of interest that you are looking to explore or achieve from this program? (If additional space is needed, please write "see attached")

What most interests you about participating in the Peer Mentor Program at the Sangre de Cristo Arts & Conference Center? (If additional space is needed, please write "see attached")

What are your learning goals and what do you hope to gain from participating in this Program? (If additional space is needed, please write "see attached")

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Please let us know the Day(s) / Time(s) you would like to volunteer with us. (Check All That Apply) You can change your preferences at any time.

Friday Arts Academy Volunteer Times:

- 9:00am-10:00am
- 10:00am-11:00am
- 11:00am-11:30am (supervised lunch period)
- 11:30-12:30
- 12:30-1:30
- 1:30-2:30

Friday Arts Academy Volunteer Dates:

- September 6, 2024
- September 13, 2024
- September 20, 2024
- September 27, 2024
- October 4, 2024
- October 11, 2024
- October 18, 2024
- October 25, 2024
- November 1, 2024
- November 8, 2024
- November 15, 2024
- November 22 @ 5:30-7:30pm (Friday Arts Academy Art Show)

Are you open to additional/other volunteer opportunities besides Friday Arts Academy?

Yes / No

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OPTIONAL: Please let us know which Program Meetings you would like to attend.
 (Check All That Apply) You can change your preferences at any time.

Meeting Dates:

2:30pm-3:30pm

- | | |
|--|--|
| <input type="checkbox"/> September 13, 2024 | <input type="checkbox"/> May 9, 2025 |
| <input type="checkbox"/> September 27, 2024 | <input type="checkbox"/> May 23, 2025 |
| <input type="checkbox"/> October 11, 2024 | <input type="checkbox"/> June 13, 2025 |
| <input type="checkbox"/> October 25, 2024 | <input type="checkbox"/> June 27, 2025 |
| <input type="checkbox"/> November 8, 2024 | <input type="checkbox"/> July 11, 2025 |
| <input type="checkbox"/> November 22, 2024 | <input type="checkbox"/> July 25, 2025 |
| <input type="checkbox"/> December 13, 2024 (No second meeting due to holiday week) | <input type="checkbox"/> August 8, 2025 |
| <input type="checkbox"/> January 10, 2025 | <input type="checkbox"/> August 22, 2025 |
| <input type="checkbox"/> January 24, 2025 | <input type="checkbox"/> September 12, 2025 |
| <input type="checkbox"/> February 14, 2025 | <input type="checkbox"/> September 26, 2025 |
| <input type="checkbox"/> February 28, 2025 | <input type="checkbox"/> October 10, 2025 |
| <input type="checkbox"/> March 14, 2025 | <input type="checkbox"/> October 24, 2025 |
| <input type="checkbox"/> March 28, 2025 | <input type="checkbox"/> November 14, 2025 |
| <input type="checkbox"/> April 11, 2025 | <input type="checkbox"/> November 28, 2025 |
| <input type="checkbox"/> April 25, 2025 | <input type="checkbox"/> December 12, 2025 (no second meeting due to holiday week) |

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Do you have any questions for us to follow up with you about?

Is there anything else you'd like to let us know about?

All volunteers at the Sangre de Cristo Arts & Conference Center must successfully pass a comprehensive criminal background check. In addition to this application, please complete a "Background Check Authorization Form". If you are under the age of 18, we have a version of our "Background Check Authorization Form" form for your Parent/Guardian to complete and sign on your behalf.

Please submit application to Guest Services at the museum's front desk, email to ashton@sdc-arts.org, or mail to Sangre de Cristo Arts Center, Attn: Ashton Langrick 210. N. Santa Fe Ave, Pueblo, CO 81003.

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BACKGROUND CHECK DISCLOSURE & AUTHORIZATION* Form Date: 091620

* This form is collected during the interviewing process. It will not be processed if you are not in consideration for an offer of employment. In which case, document will be shredded.

Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____

if under 18 years of age:

Parent / Guardian: _____

Signature: _____ Date _____

PERSONAL INFORMATION DISCLOSURE:

Have you ever been convicted of a criminal offense (felony or misdemeanor)? [] Y or [] N If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

AUTHORIZATION SECTION:

I hereby authorize the *Sangre de Cristo Arts & Conference Center, Inc.* and its designated agents and representatives to conduct a comprehensive review of my background and qualifications. I understand that the scope of this background check may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; credit history, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to the *Sangre de Cristo Arts & Conference Center, Inc.* or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

The *Sangre de Cristo Arts & Conference Center, Inc.* and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants' personal information. The criminal history information and possibly any other background information which will be accessed by this search pursuant by your authorization, is considered private data. Your signature below shall be deemed to be an informed, consented release for this information.

I hereby release the *Sangre de Cristo Arts & Conference Center, Inc.*, and its designated agents from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

You have the right to be informed:

- That a criminal background check is being conducted to determine if you have been convicted
- On the results of the criminal background check and to obtain a copy of those results from the agency who conducted the search.
- That you may obtain any records, by written request to the agency that conducted the search.

Signature: _____ Date: _____