Junior Curator Program

The Junior Curator program, established in 1958, is one of the longest-running programs at The Corning Museum of Glass. Students in grades 8 through 12 receive behind-the-scenes training about the Museum from educators, curators, registrars, librarians, and other staff, and create an exhibition in the Museum.

Meetings are held online Thursdays from 3:30 – 5:00 pm, starting in late February or early March.

An interview may be requested.

There are no program charges.

**Students, please fill out the form below.** Incomplete applications will not be considered.

Your Name: ____________________________________________

Grade level (must be 8-12) and school: ____________________________________________

Address: _________________________________________________________________________

Phone: ___________________ E-Mail: ________________________________________________

Parent/Guardian Name: ___________________ E-mail: ________________________________

Phone(s):______________________________________________________________________

**Letter of Recommendation:** Please ask a non-relative adult to write a recommendation letter on your behalf. A family friend, teacher, or guidance counselor would be a good choice. The letter should briefly describe why you would make an excellent Junior Curator. Recommendations may be sent to the Museum by mail or email.

Please return complete application (continued next page) to:

Education Department/Junior Curator Program
Corning Museum of Glass
One Museum Way
Corning, NY 14830
Tel: 607.438.5119
jrcurators@cmog.org
Short Essays: Please write clearly. If you need more space, you may use the back of the paper or attach additional pages.

Please name all school or community groups in which you participate, including any leadership roles you may have. Please include sports, clubs, religious duties, etc.

________________________________________________________________________
________________________________________________________________________
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Please describe any past work or volunteer experience you have.

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Why would you like to be a Junior Curator at The Corning Museum of Glass?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Parental Permissions and Emergency Information

I, ____________________________________________, hereby give my permission for _______________________________ to participate in the Junior Curator program held at The Corning Museum of Glass. I understand that the program takes place from March through June and transportation is not provided.

Parent/Guardian Signature____________________________________ Date____________

Medical Information
Are there any known allergies or medical conditions? ________________________________
________________________________________________________________________

Primary Physician’s Name and Phone: ____________________________________________

Emergency Contact Information
1. Name: _____________________________ Relationship: _____________________________
   Home phone: ___________________________ Cell phone: _____________________________
   Work phone: ___________________________
2. Name: _____________________________ Relationship: _____________________________
   Home phone: ___________________________ Cell phone: _____________________________
   Work phone: ___________________________
I hereby consent to and authorize the use and reproduction of any and all images (in all known formats) that are taken of my child/ward, ______________________________, by CMoG or anyone licensed by CMoG for any purpose without compensation to me.

All images are owned by CMoG. CMoG reserves the right to edit and use these images in print or electronically, on our web site, in other educational content, or for any other purpose. I hereby acknowledge that I am 18 years of age or older and have read and understand the terms of this release.

Signature ______________________________ Date __________________

Print Name ______________________________
Given the educational mission of The Corning Museum of Glass, we would like to stay in touch with your child(ren) regarding youth programs and/or events at the Museum. In order to respect the privacy of our local youth and their families, it is important that we obtain your permission to contact minors regarding upcoming programs or events at the Museum.

Please fill out the information below so that we may contact you and your child(ren). Information on this form will be kept confidential, will not be shared, and will only be used to communicate about youth programs and events.

I, (please print) _______________________________________________, hereby give you permission to contact my child(ren) with information about youth programs and events at The Corning Museum of Glass.

(Please sign) ____________________________________________
(Date) 
Parent/Guardian name (print)

____________________________________________________ 
(Please sign) (Date)

Address_____________________________________________________________

Home phone ___________________________ Email address_________________________________________________________
Museum policy provides that you will be cc’d on all emails to your child(ren).

Alternate phone or email you wish to share______________________________________________

Child #1 name ____________________________________________ Date of birth ____________
Address if not the same_______________________________________________________________
Email address________________________________________________________________________
Cell phone or text address_____________________________________________________________
Check the programs in which this student has participated or is participating and indicate which year(s).

_____ Youth Volunteer year(s) ________________ (Example: 2011–2013)
_____ Junior Curators year(s) ________________
_____ Explainers year(s) ________________
_____ Tour Assistant year(s) ________________
_____ Junior Scientist year(s) ________________

Child #2 ____________________________________________ Date of birth ____________
Address if not the same_______________________________________________________________
Email address________________________________________________________________________
Cell phone or text address_____________________________________________________________
Check the programs in which this student has participated or is participating and indicate which year(s).

_____ Youth Volunteer year(s) ________________
_____ Junior Curators year(s) ________________
_____ Explainers year(s) ________________
_____ Tour Assistant year(s) ________________
_____ Junior Scientist year(s) ________________