



Junior Curator Program  
Application  
Education Department

**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?

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**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: \_\_\_\_\_

# CORNING MUSEUM OF GLASS

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## Photo Release

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 \_\_\_\_\_



The Corning Museum of Glass  
 Education Department  
 Youth Programs Contact Form

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)

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) \_\_\_\_\_