# 2026 SPY APPLICATION

Applicant's Full Name _____

Address _____

City _____ State _____ Zip _____ Birthdate _____

Phone _____ email _____

Emergency Contact Name _____

Relationship _____ Phone(s) _____ _____

Address _____

**On the back of this application is space to write a paragraph or two about why you should be chosen to participate in the Treehouse SPY Program.** *Please keep essays to one page.*

**Please read carefully and sign in agreement below:**

If selected as a 2026 Special Participating Youth (SPY), I agree to participate fully in the Treehouse Children's Museum service learning project for youth workers, and agree to complete my hours according to the assigned schedule, under the direction of Treehouse staff, to the best of my ability and in a professional manner during the summer and continuing for events during the school year. If scheduling conflicts arise, I will notify the Treehouse staff promptly.

I understand that when I complete all of my assigned hours, including RAMP days,
I will receive the Treehouse Service Award.

By signing this application, I certify that I am between the ages of 12 and 15. (Must be 12 by the end of August to be considered). I release all persons connected or affiliated with Treehouse Children's Museum management from any and all liability to me and my family in connection with my participation in activities at Treehouse by virtue of this agreement with the Treehouse. I also agree to allow photographs, video, and printed material of my participation in this program to be used by Treehouse on the Museum's Website, publications, or for reporting or recruiting purposes.

_____ _____
Signature of Applicant Signature of Parent or Legal Guardian

Date _____ Date _____

Acceptance in the SPY program will be based on completing this application form, submitting the paragraph on the back of this form, familiarity with Treehouse and its programs, and a having a successful short interview.
*Not all applicants may be called for an interview depending on the number of applications received.*
**QUESTIONS? Please call our Volunteer Mentor at 801-394-9663 ext 106, or email volunteers@treehousemuseum.org**

***Please note that a physical copy of this application must be returned to Treehouse no later than Saturday April 25th, 2026 by 4:30 p.m.***


Elizabeth Stewart
**Treehouse Museum**
347 22nd Street
Ogden, UT 84401
801-394-9663
treehousemuseum.org


*The SPY program and the Teens@Treehouse program are sponsored by:*

Funded by Utah Legislature
Utah Division of Arts & Museums
r.a.m.p.

FOR OFFICE USE ONLY ★ FOR OFFICE USE ONLY

Interview Date and Time _____

Comments _____

_____

Special Skills _____

Essay _____ Accepted: Yes ◯ No ◯

# 2026 SPY APPLICATION

Name _____

Please write an few paragraphs below about why you should be selected as a Treehouse SPY. This may be handwritten or typed on another page. Please limit your response to one page. (Do you enjoy the Museum? Enjoy reading? Have experience working with children or as a leader in your school of community?)