SUMMER FUN
TEEN VOLUNTEER APPLICATION

Name _____ Date_____

Address_____ City_____ State_____ Zip _____

Home Phone_____ E-Mail Address_____ Cell_____

Parent/Legal Guardian Name_____ CSC member? ☐ Yes ☐ No

Home Phone_____ Work phone_____ Cell_____

Contact in case of emergency:_____ Relationship_____

Allergies_____ Medications _____

Name of School _____ Grade _____Age _____

Current / past volunteer or work experience_____

Have you ever participated in Summer Fun or Home School classes? If so when?_____

Special skills, hobbies, interests _____

Why do you wish to volunteer at Catawba Science Center? _____

_____

Volunteers agree to work a minimum of three full weeks (do not have to be consecutive) from June 16 thru August 22.

The Science Center dress code includes wearing the Summer Fun t-shirt, name tag, khaki pants/shorts, and closed toed shoes. Do you agree to the Science Center dress and appearance code? ____ What is your adult unisex shirt size? _____

Summer Fun Volunteer Hours (These are the hours you must work in the weeks you volunteer):

Monday 9:15 AM to 12:30 PM Tuesday 9:45 AM to 12:30 PM Wednesday 9:45 AM to 12:30 PM

Thursday 9:45 AM to 12:30 PM Friday 9:45 AM to 12:30 PM Do you agree to these hours? _____

Please provide three references (you should have at least one teacher or school administrator as a reference). Please no family members or school age friends.:

Name	E-Mail Address (preferred)	Phone Number

I agree that, as a CSC volunteer, I will represent the Science Center in a positive and honest manner, and follow CSC policies and procedures to the best of my ability.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Please return completed application by 03/28/14 to: Catawba Science Center, P.O. Box 2431, Hickory, NC 28603

(828) 322-8169 ext. 305 ♦ Fax (828) 322-1585 ♦ programs@catawbascience.org