



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 _____

Special skills, hobbies, interests _____

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

Adult Unisex T-shirt size: _____

REFERENCES: (One teacher and one non-family member. No school age friends please.)

<u>Name</u>	<u>Relation to Applicant</u>	<u>Email address</u>
1. _____		
2. _____		

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 (required) _____ **Date** _____

Please return completed application to:
Catawba Science Center, c/o Erin Graves, P.O. Box 2431, Hickory, NC 28603
(828) 322-8169 x. 305 ♦ Fax (828) 322-1585 ♦ step@catawbascience.org