



# VOLUNTEER APPLICATION

Name \_\_\_\_\_ e-Mail address \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Person to notify in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

**Please circle the highest level of education completed:** Major \_\_\_\_\_

High school      Vocational/Technical      College/University      Graduate

Current employer \_\_\_\_\_ Position \_\_\_\_\_

Current or past volunteer involvement \_\_\_\_\_

Special skills, hobbies, interests \_\_\_\_\_

**Check volunteer activities in which you might have an interest:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Gift Shop Assistant     | <input type="checkbox"/> Science Demonstrator     | <input type="checkbox"/> Exhibit Constructor        |
| <input type="checkbox"/> Office Assistant        | <input type="checkbox"/> Program Assistant        | <input type="checkbox"/> Visitor Services Assistant |
| <input type="checkbox"/> Special Event Assistant | <input type="checkbox"/> Exhibit Set-up/Take down | <input type="checkbox"/> Animal Care Assistant      |

**Circle the times you would be able to volunteer:**

Monday AM   Tuesday AM   Wednesday AM   Thursday AM   Friday AM   Saturday AM/PM

Monday PM   Tuesday PM   Wednesday PM   Thursday PM   Friday PM   Sunday PM

Why would you like to volunteer at Catawba Science Center? \_\_\_\_\_

**Please provide three references:**

<u>Name</u>	<u>Home or e-Mail Address</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please return completed application to: Catawba Science Center,  
Attn: Jack Bowman, P.O. Box 2431, Hickory, NC 28603  
(828) 322-8169 ♦ Fax (828) 322-1585 ♦ [www.catawbascience.org](http://www.catawbascience.org)**