



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? _____

Place a check beside each area you might have an interest in:

Science Demonstrations

Special Events

Summer Fun

Visitor Services

Office Assistance

Program Assistance

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

Please provide three references (you should have at least one teacher or school administrator as a reference):

Name

Home or e-Mail Address

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 to: Catawba Science Center, P.O. Box 2431, Hickory, NC 28603
(828) 322-8169 ♦ Fax (828) 322-1585 ♦ www.catawbascience.org ♦ volunteers@catawbascience.org