

2024 SUMMER FUN TEEN VOLUNTEER APPLICATION

Name		Date	Date		
Address	City	State	Zip		
	e-Mail Address				
Parent/Legal Guardian Name		CSC membe	r? □ 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 exp	perience				
Have you ever participated in Sumr	mer Fun or Home School classes? If s	o when?			
Special skills, hobbies, interests					
Why do you wish to volunteer at Ca	atawba Science Center?				
Summer Fun Volunteer Hours: Plant Monday – Friday 7:00am – 12:30pm	Center dress and appearance code?ease check all boxes you are interest Monday - Friday, 9:30 AM to 12:30 the hours you must work every day on	sted in.) PM	ay 11:45 AM		
Please provide three references (you should have at least one teache	er or school administrate	or as a refe	rence):	
<u>Name</u>	Home or e-Mail Address	<u>Phon</u>	e Number		
<u> </u>	volunteer, I will represent the Science (oblion CSC policies and procedures to	•	onest manne	er,	
Applicant Signature		Date			
Parent/Guardian Signature		Date			

Please return completed application to: Catawba Science Center, P.O. Box 2431, Hickory, NC 28603
Carly Domanico- Volunteer Coordinator (828) 322-8169 ◆ Fax (828) 322-1585 ◆ www.catawbascience.org ◆