

Applicant Signature

College Student Volunteer Application

Volunteer Coordinator
Carly Domanico

volunteers@catawbascience.org
https://catawbascience.org/volunteer

Volunteer Information			
Name			
Date of Birth	Gender O M	lale	
Phone Number	Ema	il	
Address			
Current/Past Volunteer Exp	erience		
Hobbies/Interests/Skills			
Why do you want to volunte	er at CSC?		
	<u>t</u>		
Current Education			
Area of Study		# of years	
Please check any areas you are interested in		Please specify	your availability:
<u>volunteer</u>	<u>ing with:</u>	O Monday AM	O Monday PM
Gift Shop Assistant	School Programs Assistant	O Tuesday AM	Tuesday PM
Office Admin Assistant	Exhibits Set-up/Take-down	○ Wednesday AM	○ Wednesday PM
Special Events Assistant	Exhibits Assistant	Thursday AM	Thursday PM Friday PM
Visitor Services Assistant Other	Animal Care Assistant	Friday AMSaturday AM	Friday PMSaturday PMSunday PM
ther than a minor traffic offeeven years? OYes No If	ense, have you ever been convicted yes, explain in full:	of a crime or released from	•
Reference Information			
ease provide three references: Name Email		<u>Phone</u>	
authorize CSC to verify any	mation provided by me in this volunteer applicati of the information provided by contacting forme e sources from any liability or damages on acco habits, performance or discip	er employers, educational and training in unt of furnishing information regarding r	stitutions and other

Date