

Volunteer Information

Name _____

Date of Birth _____ Gender Male Female Other _____

Phone Number _____ Email _____

Address _____

School _____ Current Grade _____

Current/Past Volunteer Experience _____

Hobbies/Interests _____

Skills _____

Why do you want to volunteer at CSC? _____

Have you attended Summer Fun or Homeschool classes here at CSC in the past? Yes No

T-Shirt Size: _____

Do you agree to CSC dress code? (Summer Fun shirt & earth toned pants) Yes No

Please check all times you are interested in:

Monday – Friday 7:00am – 12:30pm Monday - Friday, 9:30 AM to 12:30 PM Monday - Friday 11:45 AM to 5:30 PM

You will be required to work every day on your specific scheduled weeks.

Parent/Legal Guardian Information

Name _____ CSC Member Yes No

Phone Number _____ Email _____

Is this your emergency contact? Yes No

If no, please fill out emergency contact information here:

Name _____

Phone Number _____ Email _____

Reference Information

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

Name

Email

Phone

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 _____