

Volunteer Application

Volunteer Information

Name _____

Date of Birth _____ Gender Male Female Other _____

Phone Number _____ Email _____

Address _____

Skills/Interests/Hobbies _____

Past Volunteer Experience _____

Education/Employment

Please list the name, course of study and # of years attended:

High School _____

College/University _____

Other _____

Current Employer _____

Position _____ # of years _____

Please check any areas you are interested in volunteering with:

- | | |
|--------------------------------------------------|-------------------------------------------------|
| <input type="radio"/> Gift Shop Assistant | <input type="radio"/> School Programs Assistant |
| <input type="radio"/> Office Admin Assistant | <input type="radio"/> Exhibits Set-up/Take-down |
| <input type="radio"/> Special Events Assistant | <input type="radio"/> Exhibits Assistant |
| <input type="radio"/> Visitor Services Assistant | <input type="radio"/> Animal Care Assistant |
| <input type="radio"/> Other _____ | |

Please specify your availability:

- | | |
|------------------------------------|------------------------------------|
| <input type="radio"/> Monday AM | <input type="radio"/> Monday PM |
| <input type="radio"/> Tuesday AM | <input type="radio"/> Tuesday PM |
| <input type="radio"/> Wednesday AM | <input type="radio"/> Wednesday PM |
| <input type="radio"/> Thursday AM | <input type="radio"/> Thursday PM |
| <input type="radio"/> Friday AM | <input type="radio"/> Friday PM |
| <input type="radio"/> Saturday AM | <input type="radio"/> Saturday PM |
| | <input type="radio"/> Sunday PM |

Other than a minor traffic offense, have you ever been convicted of a crime or released from prison in the last seven years? Yes No If yes, explain in full: _____

Why would you like to volunteer at Catawba Science Center? _____

Reference Information

Please provide three references:

Name

Email

Phone

I hereby declare that the information provided by me in this volunteer application is true, correct and complete to the best of my knowledge. I authorize CSC to verify any of the information provided by contacting former employers, educational and training institutions and other appropriate sources. I release sources from any liability or damages on account of furnishing information regarding my personal character, habits, performance or disciplinary records.

Applicant Signature

Date
