



Submitted: ____ / ____ / ____
Received By (initial): _____

Volunteer Application

The mission of The Science Zone is to inspire the mind, to delight the senses and ignite a passion for the technical arts and sciences. We provide high-interest, hands-on learning experiences for all ages through innovative exhibits, programs, and outreach making informal science education an integral part of our patrons' lives. Volunteers are a vital part of The Science Zone's programming and are expected to uphold the mission of The Science Zone and to work towards achieving its goals and vision.

Section 1: Personal Information

First / Last Name: _____ Date of Birth: ____ / ____ / ____

Home Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone: (____) ____ - _____ Secondary Phone: (____) ____ - _____ Email Address: _____

Occupation: _____

Degree/Education: _____

Clubs, other affiliations and organizations you belong to:

Personal interests, hobbies, and additional information:

Valid Driver's License? Yes No

Any health issues and/or physical limitations that we should be made aware of?

Section 2: Availability and Volunteer Assignment Preferences

Position Applying For:

One-time volunteer Long-term volunteer Unsure

Preferred Start Date:

ASAP Date: _____

Please indicate the days and times you are available.

| | M | T | W | TH | F | SA | SU |
|-------------------------|---|---|---|----|---|----|----|
| Morning 7AM – 11AM | | | | | | | |
| Afternoon 12PM – 4PM | | | | | | | |
| Evening 5PM – 9PM | | | | | | | |



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Areas of Interest: (Check all that apply)

Housekeeping
Exhibit Construction

Front Desk
Programs

Animal Care
One-Time Events

Other (please specify below)

Section 3: Emergency Contact Information

First / Last Name: _____ Relation: _____

Primary #: (____) ____ - ____ Alternative Phone #: (____) ____ - ____

Section 4: Sign

Print Name : _____ Signature : _____ Date : ____ / ____ / ____

Parental or Legal Guardian Consent for Minor to Volunteer

Print Name : _____ Signature : _____ Date : ____ / ____ / ____

