

# Adventure Science Center Adult Volunteer Application

Date: \_\_\_\_\_

Title: Mr./ Miss/ Mrs./ Dr. \_\_\_\_\_ Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Work/Daytime)

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Home/Nighttime)

E-Mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Group Affiliation (if any): \_\_\_\_\_ Best Place To Receive Messages:  
(Circle) Home / Work / E-Mail

Have you ever volunteered before? If so, where and in what capacity. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the Science Center Volunteer Program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to become a Science Center Volunteer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any medical, physical or special need that the Science Center should have knowledge of, in the event of an emergency or to assist you while you are volunteering?  
\_\_\_\_\_  
\_\_\_\_\_

## Educational Background

School Name	City, State	Major	Degree Earned
High School	_____	_____	_____
College	_____	_____	_____
Other	_____	_____	_____

**Areas of interest (please circle)**

Programs    Data Entry    Greeter    Gift Shop    Special Events  
 School Orientations    Birthday Parties    Health Hall Educator  
 Administrative Assistant    Research and development of programs

**Hours of Availability (please circle)**

Monday	9:00-1:00		1:00-5:00		After hours activities		
Tuesday	9:00-1:00		1:00-5:00		After hours activities		
Wednesday	9:00-1:00		1:00-5:00		After hours activities		
Thursday	9:00-1:00		1:00-5:00		After hours activities		
Friday	9:00-1:00		1:00-5:00		After hours activities		
Saturday	9:00-1:00		1:00-5:00		After hours activities		
Sunday	12:00-3:00		3:00-6:00		After hours activities		

**Skill or Hobbies**

**Any Relevant Training or Expertise**

**Years Experience**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**BACKGROUND INVESTIGATION CONSENT FORM  
VOLUNTEER**

I, \_\_\_\_\_, in consideration for my application for employment, hereby authorize the Adventure Science Center and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Employment Application and/or obtaining other information which may be material to my qualification for employment.

I release the Adventure Science Center and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suites with regard to the information obtained from any and all the above referenced sources. Any misrepresentation on this consent form is sufficient cause for disqualification from employment or immediate dismissal.

The following is my true and complete legal name and all information is true and correct to the best of my Knowledge:

**FULL NAME PRINTED:**

**SOCIAL SECURITY NUMBER**

\_\_\_\_\_

\_\_\_\_\_

**DOB:** \_\_\_\_\_

**PRESENT ADDRESS:**

**HOW LONG?**

\_\_\_\_\_

\_\_\_\_\_

**STREET**

\_\_\_\_\_

**CITY/STATE**

**ZIP CODE**

**PREVIOUS ADDRESS:**

**HOW LONG?**

\_\_\_\_\_

\_\_\_\_\_

**STREET**

\_\_\_\_\_

**CITY/STATE**

**ZIP CODE**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**