



VOLUNTEER APPLICATION

CONTACT INFORMATION

Name

Address

City, State Zip

Cell Phone

Home Phone

Email (our primary means of contact)

How did you hear about our volunteer opportunities?

Why do you want to volunteer at the Sciencenter?

Do you have a volunteer or community service requirement to fulfill?

EDUCATION / EXPERIENCE

I have completed: High School Some College College Graduate School & Beyond

What school you are currently attending? *(If applicable)*

What academic year are you currently in? Freshman Sophomore Junior Senior

Please tell us about any relevant volunteer or work experience you have had in the past.

AVAILABILITY

What type of commitment can you make? Short Term (Semester) Long Term (1 Year +) Summer

What Days and Times of the week are you available? Please be specific and keep in mind our regular museum hours.
The Sciencenter is open Tuesday - Saturday, 10am - 5pm; Sunday, 12pm - 5pm; and Mondays in July and August, 10am - 5pm

Day of the Week:	Time Available:
Day of the Week:	Time Available:
Day of the Week:	Time Available:
Day of the Week:	Time Available:
Day of the Week:	Time Available:

SCIENCENTER VOLUNTEER APPLICATION *continued*

EMERGENCY CONTACT

Name	Relationship	Phone
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Do you have any allergies, special needs, physical limitations, or health conditions that might need accommodation?

PERSONAL REFERENCES Please list two people whom we may contact as references

Name #1	Relationship
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Phone or Email

Name #2	Relationship
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Phone or Email

BACKGROUND CHECK As a children's museum, the Sciencenter conducts background checks as necessary.

Have you ever been convicted of a crime, other than minor traffic offenses? Yes No

If yes, please provide details:

MISSION STATEMENT

At the Sciencenter, it is our mission to inspire excitement for science through interactive exhibits and programs that engage, educate, and empower. We would like every young person to be empowered to use science in shaping a better future.

As a volunteer, you will have direct contact with our visitors, and will be able to fulfill our mission in a very immediate way. Because of this, we will provide the proper screening and training to make sure that you will have a successful experience. In return, the Sciencenter will expect you to present and conduct yourself in a respectful and professional manner at all times.

PHOTOGRAPHY/VIDEOGRAPHY RELEASE

I, the undersigned, grant the Sciencenter permission to take photographs and/or video of me. I also give the Sciencenter permission to put the finished product to any uses it may deem proper.

Signature

Date of Application

Parental Signature (if under 18)

Thank you for your application! Please note that completion of this form does not automatically qualify you for acceptance as a Sciencenter Volunteer. An interview and training sessions are required before you can begin your volunteer service.

Please return your completed application to Judy Ammack, Volunteer Manager at 601 1st Street, Ithaca, NY 14850 or email: jammack@sciencenter.org