

# MARYLAND SCIENCE CENTER

## ADULT VOLUNTEER APPLICATION

Questions? Call 410.779.1627  
 VOLUNTEER PLACEMENT IS BY INTERVIEW ONLY

Please complete this form & return by:  
**Fax** 410.545.5889  
**Mail** Volunteer Office  
 601 Light Street  
 Baltimore, MD 21230  
**Email** dbellomo@mdsci.org

### PERSONAL INFORMATION

*Volunteers age 14-17, please use the Youth Volunteer form.*

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

How do you prefer to be contacted \_\_\_\_\_

#### Ethnicity

*(This information is subject to government reporting requirements and is strictly voluntary. Failure to reply to this question will NOT result in any adverse action.)*

Asian  African American  Hispanic/Latino  American Indian or Alaska Native

Caucasian  Other: \_\_\_\_\_

How did you hear about our volunteer opportunities? \_\_\_\_\_

### POSITIONS & AVAILABILITY

Please look at all the volunteer position descriptions listed on the webpage or at VolunteerMatch.org and choose the positions that best match your interests, experience, and/or skill set. Rank them in order 1 and 2 and write them in below.

#1 \_\_\_\_\_  
 Position Title

#2 \_\_\_\_\_  
 Position Title

Please indicate how long you can volunteer (minimum of six months) \_\_\_\_\_

Please indicate your availability by filling in the days and times you would be available for volunteering. Volunteers should be willing to commit to a minimum of 6 months of service through weekly or bi-weekly volunteering. A typical volunteer shift is 4 hours.

Monday*	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

\* Please note the Maryland Science Center is closed to the public on Mondays during the fall, winter, and spring. Some volunteer opportunities for Mondays may be limited to the summer only. Some opportunities require more than the minimum of six months.

Are you available or interested in volunteering for Special Events, Promotional Days, etc.?  Yes  No

### REFERENCES

Please list two work, school, or professional references, *not relatives*, whom we may contact regarding your application.

Name \_\_\_\_\_ Phone or Email \_\_\_\_\_

Name \_\_\_\_\_ Phone or Email \_\_\_\_\_



## EDUCATION

Name of High School \_\_\_\_\_

Circle last year completed: 9 10 11 12

Name of College or University \_\_\_\_\_

Circle current or last year completed: 1 2 3 4 5+ Degree earned \_\_\_\_\_

Major \_\_\_\_\_

Name of College or University \_\_\_\_\_

Circle current or last year completed: 1 2 3 4 5+ Degree earned \_\_\_\_\_

Major \_\_\_\_\_

**Are you volunteering as part of a school required community service or internship project?**  Yes  No

If Yes, please list the requirements, including hours and dates of the project \_\_\_\_\_

Program Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Please list any employment, education, volunteer experiences, activities, leadership positions, or hobbies you are involved in, or have been involved in, that may be of value to The Maryland Science Center and the volunteer position you chose:

---

---

---

---

---

---

---

---

**Why is volunteering important? Why do you want to volunteer at the Maryland Science Center?**

---

---

---

---

If you could describe yourself with one word, what would that word be? \_\_\_\_\_

I understand that I am applying for a position as an unpaid volunteer at the Maryland Science Center and that submission of this application does not guarantee placement in the volunteer program. Furthermore, by signing below, I certify that the information provided on this application is true and correct, to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

It is the policy of MSC to require criminal background checks for all prospective volunteers at the expense of MSC.  
A copy of this report will be made available upon request.

