MARYLAND SCIENCE CENTER YOUTH VOLUNTEER APPLICATION

Questions? Call 410.779.1627 VOLUNTEER PLACEMENT IS BY INTERVIEW ONLY

PERSONAL INFORMATION

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

Volunteers 18 and over please use t	he adult volunteer application.			
Name		Date of Birth	//	
Preferred Name/Nickname:		Pronouns:		
Address		County		
	State			
Home Phone	Cell Phone	Work Phone		
Email Address				
	contacted			
Ethnicity (This information is subject to governme	nent reporting requirements and is strictly voluntary. F	ailure to reply to this question will NOT res	ult in any adverse action.)	
o Asian o African Americ	can o Hispanic/Latino o American	Indian or Alaska Native		
o Caucasian o Other:				
How did you beer about a	our valuntaar oppartunitias?			
How did you near about o	our volunteer opportunities?			
POSITIONS & AVAIL Please choose the volunte	.ABILITY er positions that interest you the mos	t.		

_____ Camp MS Camp In

Please indicate your availability by filling in the days and times you are available for volunteering.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

EDUCATION

Name of High School

Circle last year completed: 9 10 11 12

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

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

Program Contact Telephone

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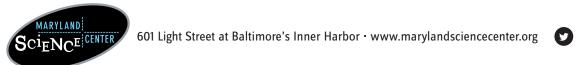


601 Light Street at Baltimore's Inner Harbor • www.marylandsciencecenter.org

Please list any employment,	education, volunteer	r experiences,	activities,	leadership p	positions,	or hobbies yo	ou are
involved in, or have been inv	olved in, that may be	e of value to T	he Marylar	nd Science C	Center:		

Why is volunteering important? Why do you want to volu	inteer at the Maryland Science Center?
If you could describe yourself with one word, what woul	d that word be?
I understand that I am applying for a position as an unpaid submission of this application does not guarantee placem certify that the information provided on this application is	ent in the volunteer program. Furthermore, by signing below, I
Applicant Signature	Date
Applicant Print Name	
Parent/Guardian Signature	Date
Parent/Guardian Print Name	

It is the policy of MSC to require criminal background checks for all prospective volunteers over age 18 at the expense of MSC. A copy of this report will be made available upon request.



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STATEMENT OF SUPPORT MARYLAND SCIENCE CENTER

YOUTH VOLUNTEER PROGRAM

VOLUNTEER APPLICATION

Student Name	
The rest of this form is to be cor application (not a family membe	 or, or group leader that is supporting your
Name	
Phone	
School/Organization	

I understand that I am recommending this volunteer as an individual who will honor their commitment to the Volunteer program at the Maryland Science Center. This includes arriving on time and exhibiting appropriate behavior. I further understand that the Volunteer Coordinator will notify me if any problems arise.

Signature ______Date ______

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