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 the adult vo	olunteer application.					
Name				Date c	of Birth	/	/
Preferred Name/Nickname:				Pronouns:			
Address	County						
City			State Zip				
Home Phone		_ Cell Phone		Work Phone			
Email Address							
How do you pret	fer to be contacte	ed					
Ethnicity (This information is subje	ect to government report	ing requirements and is s	strictly voluntary. Failure	to reply to this question v	will NOT result i	in any adv	/erse action.)
o Asian o Africa	an American o I	Hispanic/Latino	o American Indi	an or Alaska Nat	ive		
o Caucasian o O	ther:			_			
POSITIONS 8	ar about our volu & AVAILABILI e volunteer positi	TY					
Camp	In	Camp MS		_Family Science	Night		
Please indicate y	our availability by	r filling in the days	s and times you a	re available for vo	olunteering	g.	
Monday	Tuesday	Wednesday	Thursday	Friday	Saturo	lay	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 ______

J

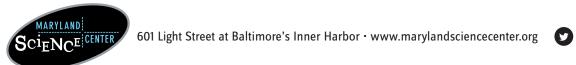


601 Light Street at Baltimore's Inner Harbor • www.marylandsciencecenter.org 💟 💿

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.



Ø

D

Ø

Ð

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 ______

J

D

f

