

Maryland Science Center

Adult Volunteer Application

Questions? Call 410.545.5940

VOLUNTEER PLACEMENT IS BY INTERVIEW ONLY

Please complete this form and return by:

Mail: Volunteer Office

601 Light Street

Baltimore, MD 21230

Email: volunteers@mdsci.org

Personal Information

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

Name _____ Date of Birth _____

Preferred Name/Nickname _____ Pronouns _____

Address _____ County _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

How do you prefer to be contacted? _____

How did you hear about our volunteer opportunities? _____

Ethnicity

This information is subject to government reporting 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: _____

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 _____ #2 _____
Position Title Position Title

Please indicate how long you can volunteer (minimum of six months): _____

Please indicate how frequently you can volunteer: Once a week Twice a month Once a month

Please note the days and times you would be available for volunteering. A typical volunteer shift is 4 hours.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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 _____



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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.



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