Maryland Science Center

Youth Volunteer Application

Questions? Call 410.545.5940
VOLUNTEER PLACEMENT IS BY INTERVIEW ONLY

Personal Information

Please complete this form and return by:

Mail: Volunteer Office 601 Light Street Baltimore, MD 21230

Email: volunteers@mdsci.org

Volunteers age 18 d	and over please use	the adult voluntee	r application.						
Name					Date of Birth				
Preferred Name/Nickname									
Address	<u> </u>		C	ounty					
City			S [.]	tate '_		Zip _			
-lome Phone Cell Pho			e	Work Phone					
Email Address									
How did you he	ar about our vo	lunteer opportu	ınities?						
Ethnicity This information is adverse action. Asian Caucasi	African	American	s strictly voluntary. I Hispanic/Lat	tino	An	nis question will NOT nerican Indian o	·	ative	
Positions & A Please choose	the volunteer po	ositions that inte	erest you the mo	ost.					
Camp In			Camp MSC		Family Science Night				
Please note the	days and time	s you would be	available for vol	lunteeri	ng. A typ	oical volunteer sl	hift is 4 hou	ırs.	
Monday	Tuesday	Wednesday	Thursday	Fri	day	Saturday	Sunda	/	
Education									
Name of High S	chool								
Circle last year	completed: 9	10 11 12							
Are you volunte	eering as part o	f a school requi	red community	service	or inter	nship project?	Yes	No	
If Yes, please lis	t the requireme	nts, including h	ours and dates	of the p	roject:				
Program Contact					_ Telephone				



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

Please list any employement, education, volunteer expe you are involved in, or have been involved in, that may l volunteer position you chose:	
Why is volunteering important? Why do you want to vol	unteer at the Maryland Science Center?
If you could describe yourself with one word, what would	d that word be?
I understand that I am applying for a position as an un that submission of this application does not guarantee by signing below, I certify that the information provided of my knowledge.	placement in the volunteer program. Furthermore,
Applicant Signature	Date
Applicant Print Name	
Parent/Guardian Signature	Date
Parent/Guardian Print Name	
It is the policy of MSC to require criminal background coording of this report will be made available upo	hecks for all prospective volunteers at the expense



Statement of Support

Maryland Science Center

Youth Volunteer Program

Volunteer Application

Student Name	
	cher, service coordinator, or group leader that is supporting
Name	
Title	
Phone	Email
to the Volunteer program at the Maryland Scienc	teer as an individual who will honor thier commitment ce Center. This includes arriving on time and exhibiting he Volunteer Coordinator will notify me if any problems
Signature	Date

