

700 State Drive
 Los Angeles, CA 90037
 213-744-2124

VolunteerDept@cscmail.org
www.casciencectr.org



California Science Center

Volunteer Application (Youth—Minimum Age 16)

The California Science Center welcomes enthusiastic individuals of all backgrounds and abilities. No aspect of our volunteer program is influenced by race, religion, national origin, sex, disability, age, or any other basis prohibited by law, but rather by commitment, dependability, and a desire to be of service.

Volunteer Assignments Will Be Based On a Minimum 3 Month Overall Commitment

DATE: _____

Last Name:	First Name:	MI:
Street Address:		
City:	Zip Code:	
Home Phone:	E-mail:	
Emergency Contact:	Relationship:	Emergency Phone:
Date Of Birth: Month:	Day:	Age:

School:	Current Grade Level:	GPA:
---------	----------------------	------

COMMUNITY SERVICE / CLASS CREDIT REQUIREMENT

Are you volunteering for class or community credit? If so, the California Science Center requires you to complete **80** hours of service if you want to receive community service / class credit.

No, I have a personal interest in becoming a volunteer. Yes. As a volunteer, I agree to complete **80** hours of service at the California Science Center. I understand that if I do not complete the **80** hours, the California Science Center will NOT certify that I volunteered at the California Science Center. With my initials, I agree to fulfill this requirement. _____ (Initials)

PLEASE DESCRIBE THE FOLLOWING

How did you first learn **about** our Volunteer Program?
 Visiting the California Science Center? yes no Friend/Family Member? yes no
 High School, College, Employer, Church/Synagogue, Community Organization, Internet Site (indicate which one):
 Name: _____ Phone: _____

Hobbies and/or Special Interests:

AGREEMENT / CERTIFICATION / MEDICAL TREATMENT AUTHORIZATION

 Initials As a volunteer, I agree to hold as absolutely confidential all privileged, and or sensitive information which I may obtain directly, or indirectly concerning the California Science Center and California Science Center Foundation, its guests and staff (including employees and volunteers). I agree that my services are donated to the California Science Center and California Science Center Foundation without contemplation of compensation, or future employment. I agree to grant permission to the California Science Center and California Science Center Foundation, its constituents and affiliates, permission to use my name/ and (or dependents), voice, statements, photographs, and other reproductions and likeness for promotional purposes (e.g. press releases, media interviews, audio/visual and printed materials). I further agree to comply with the policies and procedures, as well as the approved safety practices, in all areas of the California Science Center and California Science Center Foundation. I understand that my volunteer status may be terminated at will at any time and for any reason including, but not limited to, for example, failure to comply with the policies and procedures of the California Science Center and California Science Center Foundation including those of the volunteer department such as, absences without notification, reasons of unsatisfactory attitude, work, or appearance, and or for any other circumstances which in the judgment of the California Science Center and California Science Center Foundation would make my continued service as a volunteer contrary to their best interests.

 Initials I certify that the answers given by me to the foregoing questions and statements are true, correct, and without omissions. I authorize the California Science Center and California Science Center Foundation to investigate and/or verify the foregoing information, and any other information that might assist them in determining my qualifications for volunteering. I release the California Science Center and California Science Center Foundation, and my former employers, and all others from liability from damage which may result from such investigation.

 Name of Applicant (Print) Signature Date

 Initials I have read, understand and agree to the above. I authorize treatment of this minor in the event of a medical emergency. I release the California Science Center and California Science Center Foundation from any claim or liability for any injury or illness resulting to said minor, not occasioned by any fault or neglect on the part of the California Science Center and California Science Center Foundation, while participating in such volunteer activities.

 Name of Parent/Guardian (Print) Signature Date



**CALIFORNIA SCIENCE CENTER FOUNDATION
VOLUNTEER DEPARTMENT
TEACHER/COUNSELOR SURVEY**

THIS SECTION TO BE COMPLETED BY THE STUDENT - PLEASE PRINT:

Last Name:	First Name:
Name of School:	
Current Grade Level:	Grade Point Average:
Birthdate - Month: Day:	Age:

THIS SECTION TO BE COMPLETED BY THE TEACHER OR COUNSELOR - PLEASE PRINT:

TO THE TEACHER OR COUNSELOR

The student must be 16 years of age or over, and have at least a 2.0 GPA. The student should not have any "U"s or unsatisfactory comments regarding cooperation in the current school year. The student must be mature in order to take direction and perform the volunteer function of the California Science Center. We request that you do not give references for students you do not know well.

Please complete the information below, and return it to your student in a sealed envelope for delivery to the California Science Center, or mail to:

**California Science Center
Volunteer Resources Department
700 State Drive, Los Angeles, CA 90037**

PLEASE RATE THE STUDENT ON THE FOLLOWING:

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Maturity				
Honesty				
Dependability				
Communication Skills				
Social Skills				
Conduct				
Willingness to Work				
Interest in Science (if applicable)				

Additional Comments:

Teacher/Counselor Name (Print):

Teacher/Counselor Signature: _____

Grade / Subject Taught: _____ Date: _____



**CALIFORNIA SCIENCE CENTER FOUNDATION
VOLUNTEER RESOURCES DEPARTMENT
STUDENT/APPLICANT SURVEY**

I AREAS OF INTEREST

- | | |
|---|--|
| <input type="checkbox"/> Education Exhibits & Programs
<input type="checkbox"/> Office Assistant
<input type="checkbox"/> Animal Care Assistant | <input type="checkbox"/> Guest Services
<input type="checkbox"/> ExploraStore
<input type="checkbox"/> Discovery Rooms |
|---|--|

II SPECIAL SKILLS

- | | |
|---|---|
| <input type="checkbox"/> Computer
<input type="checkbox"/> Newsletter Production
<input type="checkbox"/> Photography
<input type="checkbox"/> Addressing/Mailings
<input type="checkbox"/> Languages
<input type="checkbox"/> Plant/Animal Care | <input type="checkbox"/> Public Speaking
<input type="checkbox"/> Education
<input type="checkbox"/> Guest Relations
<input type="checkbox"/> Fundraising
<input type="checkbox"/> Event Coordination
<input type="checkbox"/> Other |
|---|---|

III. Please tell us why you are interested in volunteering, and what you expect to gain from this experience.

IV. Describe your short term goals:

V. Describe your long term goals:

VI. DAY/TIME AVAILABILITY

I am interested in working _____ hours per week.

Days Available	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Exceptions to availability: _____

VII. Would you like to be notified of special volunteer opportunities throughout the year? yes no

Name of Applicant (Print): _____

Signature: _____ Date: _____