# **Maryland Science Center**

### **Youth Volunteer Application**

Questions? Call 410.545.5940 VOLUNTEER PLACEMENT IS BY INTERVIEW ONLY

#### Personal Information

Volunteers age 18 and over please use the adult volunteer application.

Name	Date of I	Date of Birth			
			Pronouns		
Address		County			
				Zip	
	Cell Phor				
Email Address					
How do you prefer to	o be contacted?				
	pout our volunteer opport				
,					
Ethnicity					
This information is subject	ct to government reporting and	l is strictly voluntary. Failure to	reply to this quest	ion will NOT result in any	
adverse action.					
Asian	African American	Hispanic/Latino	Americar	n Indian or Alaska Native	
Caucasian	Other:	• •			
Positions & Avai	lability				

#### ositions & Avaliability

Please choose the volunteer positions that interest you the most.

Camp In Camp MSC Family Science Night

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

#### 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? Yes No

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

Program Contact

\_\_\_\_\_ Telephone



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Please list any employement, 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.

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 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 completed by a teach your application (not a family member.)	ner, service coordinator, or group leader that is supporting
Name	
Title	
Phone	Email
to the Volunteer program at the Maryland Science	eer as an individual who will honor thier commitment Center. This includes arriving on time and exhibiting e Volunteer Coordinator will notify me if any problems

Signature \_

Date



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