

**THE DISCOVERY CENTER
FOR SCIENCE AND TECHNOLOGY**

Teen Volunteer Application Form

Date: _____

Name: _____
Last First Middle

Home Address: _____
Street City County Zip Code

Phones: _____
Home E-mail Cell

Please indicate if your phone number is listed or unlisted. _____

What school do you attend? _____ Grade: _____

List previous
Volunteer experience: _____

If you are physically challenged, what special accommodation(s) do you require?

Please circle the days you are available to volunteer:
Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Please circle the times you are available to volunteer.
Mornings Afternoon Evenings

At what times to you regularly have other activities scheduled: _____

Please check the items below that you feel strongly describe you:

- | | | |
|--|--|---|
| <input type="checkbox"/> Enjoy science | <input type="checkbox"/> Experienced working with kids | <input type="checkbox"/> Licensed Driver |
| <input type="checkbox"/> Good Student | <input type="checkbox"/> Word-processing | Driver's License No:
_____ |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Strong Organizational Skills | License No. for the vehicle you use:
_____ |
| <input type="checkbox"/> Willing to give time and effort | <input type="checkbox"/> Artistic | Are you certified to drive other minors
without an adult in the vehicle? Yes ___
No ___ |
| <input type="checkbox"/> Articulate | <input type="checkbox"/> Good public speaker | |
| <input type="checkbox"/> Good people skills | <input type="checkbox"/> Enjoy office work | |
| <input type="checkbox"/> Have experience working with kids | <input type="checkbox"/> Not afraid of a challenge | |
| <input type="checkbox"/> Web designer; web master skills | <input type="checkbox"/> Photographer | |
| <input type="checkbox"/> Good Writing Skills | <input type="checkbox"/> Graphic Arts Experience | |
| <input type="checkbox"/> Word-processing | | |

I'd like to volunteer at The Discovery Center for Science and Technology because:

What do you do in your spare time?

References (Teacher, coach, counselor):

Name: _____

Relationship: _____

Phone number: _____

Email address: _____

Name: _____

Relationship: _____

Phone number: _____

Email address: _____

I understand that I am applying for a nonpaying volunteer position. I further understand that acceptance to the Discovery Center for Science and Technology Teen Volunteer program is subject to a comprehensive application process and the availability of an appropriate position for me. I understand that I am expected to uphold the high standards of conduct of The Discovery Center for Science and Technology Teen Program and that failure to do so may result in loss of membership.

Signature of Applicant

Signature of Parent or Guardian

**PLEASE HAVE YOUR PARENT COMPLETE
"THE CONSENT TO VOLUNTEER" and "MEDICAL AND CONSENT FORMS" RETURN ALL
FORMS TO:**

Carrie Glicksteen, Teen Advisor
The Discovery Center for Science and Technology
Fax: 818 865-1210

If you have any questions regarding this form or the application process, please direct those inquiries to:
Glicksteen@aol.com or 818 865-1010

Discovery Center for Science and Technology

Authorization for a Minor to Participate in Teen Volunteer Program

Has applied to serve as a volunteer for the Discovery Center for Science and Technology.
Our policy requires parental permission for minors to participate in this program.
Please indicate your permission by completing the information below and signing where indicated.

Thank you for encouraging and supporting your teen to become an active, involved
volunteer for the community.

Parent/Guardian Name _____
Address _____
Phone Number _____ Home _____ Other _____
Relationship to _____
Minor: _____
Signature _____ Date _____

MEDICAL INFORMATION AND PARENTAL CONSENT TO TREAT A MINOR

Minor's Name _____

Minor's Date of Birth _____

In case of an emergency contact:

Name of Parent or Guardian _____

Phone Number(s) Home _____ Work _____
Cell _____

Secondary Contact:

Name _____
Phone Number(s) Home _____ Work _____
Cell _____

Relationship _____

Primary Physician _____ Phone Number _____

Insurance Company : _____
