



**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 Exposition Park 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="radio"/> Education Exhibits & Programs | <input type="radio"/> Guest Services |
| <input type="radio"/> Office Assistant | <input type="radio"/> ExploraStore |
| <input type="radio"/> Animal Care Assistant | <input type="radio"/> Discovery Rooms |

II SPECIAL SKILLS

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