

700 Exposition Park Drive
 Los Angeles, CA 90037
 213-744-2124 phone
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 volunteerdept@cscmail.org



California Science Center Volunteer Application (Adult)

The California Science Center Foundation 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 factors such as commitment, dependability, and a desire to be of service.

Depending on volunteer position, commitment requirements vary from 6 months to 1 year.

DATE: _____

P E R S O N A L D A T A	Last Name:	First Name:	MI:	Other Names You Have Used:
	Street Address:			
	City:		Zip Code:	
	Home Phone:		Cell Phone:	
	E-Mail:		Other:	
	Emergency Contact:		Relationship:	Emergency Phone:

Check appropriate box(s): employed student retired

Employer/School: _____ Phone: _____

Title/Position: _____ May we contact if necessary? yes no

COMMUNITY SERVICE / CLASS CREDIT REQUIREMENT

Are you volunteering for class or community credit? If so, the California Science Center Foundation requires you to volunteer a minimum of 6 months before we can certify your service hours.

- No, I have a personal interest in becoming a volunteer.
- Yes. As a volunteer, I agree to complete a minimum 6 months of volunteer service. I understand that I am required to volunteer a minimum of 6 months before the California Science Center Foundation is able to certify any community service hours. 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: _____

Have you ever been an employee or volunteer of the California Science Center Foundation? yes no If yes, when: _____

Previous or current volunteer experience: _____

Educational background, hobbies, or special interests: _____

AGREEMENT AND CERTIFICATION

 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, 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 also hereby 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



**CALIFORNIA SCIENCE CENTER FOUNDATION
VOLUNTEER DEPARTMENT
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"/> Discovery Rooms | <input type="radio"/> Animal Care Assistant |
| <input type="radio"/> Diving | <input type="radio"/> Air and Space Program |

II SPECIAL SKILLS

- | | |
|---|---------------------------------------|
| <input type="radio"/> Computer | <input type="radio"/> Public Speaking |
| <input type="radio"/> Animal Husbandry | <input type="radio"/> Education |
| <input type="radio"/> Event Coordination | <input type="radio"/> Guest Relations |
| <input type="radio"/> Addressing/Mailings | <input type="radio"/> Other |

III. Please list names and phone numbers of two references other than immediate family members (for example: employer, minister, teacher, etc.).

Name: _____	Name: _____
Phone: _____	Phone: _____
Relationship: _____	Relationship: _____

IV. Please indicate names, phone numbers and relationship of any CALIFORNIA SCIENCE CENTER volunteers or employees with whom you are acquainted, or check box. none

Name: _____	Name: _____
Phone: _____	Phone: _____
Relationship: _____	Relationship: _____

V. Are you currently California Science Center Member? yes no

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 (List dates and times only. Do not include reasons.): _____

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

Name of Applicant (Print) _____

Signature _____

Date _____