

700 Exposition Park Drive
 Los Angeles, CA 90037
 Phone: 213-744-2124
 Fax: 213-744-2673
 VolunteerDept@cscmail.org



California Science Center

Volunteer Application (Youth—Minimum Age 16)

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 commitment, dependability, and a desire to be of service.

DATE: _____

P E R S O N A L I N F O	Last Name:	First Name:	MI:	
	Street Address:			
	City:	Zip Code:		
	Home Phone:	E-mail:		
	Emergency Contact:	Relationship:	Emergency Phone:	
	Date Of Birth: Month:	Day:	Year:	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 Foundation requires you to complete 6 months 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 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.

PLEASE DESCRIBE THE FOLLOWING

How did you first learn about our Volunteer Program? _____

Hobbies 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, 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:	GPA:
Date of Birth: Month: Day:	Age:

THIS SECTION TO BE COMPLETED BY THE TEACHER OR COUNSELOR:

TO THE TEACHER OR COUNSELOR

The student must be 16 years of age or over, and have at least a **2.5 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 fulfill their volunteer responsibilities.

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				
Team Player				
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. POSITIONS OF INTEREST

- Educational Programs
- Guest Services
- Special Exhibits
- IMAX
- Discovery Rooms
- ExploraStore

II. SPECIAL SKILLS

- Education
- Guest Relations
- Public Speaking
- Guest Languages

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:

V. AVAILABILITY

I am interested in working _____ hours per week.

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

Name of Applicant (Print): _____

Signature: _____

Date: _____