



TEEN VOLUNTEER APPLICATION

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ E-Mail Address _____ Cell _____
Parent/Legal Guardian Name _____ CSC member? Yes No
Home Phone _____ Work phone _____ Cell _____
Contact in case of emergency: _____ Relationship _____
Allergies _____ Medications _____
Name of School _____ Grade _____ Age _____
Current / past volunteer or work experience _____

Special skills, hobbies, interests _____

Why do you wish to volunteer at Catawba Science Center? _____

Adult Unisex T-shirt size: _____

Please provide three non-family references (you should have at least one teacher or school administrator as a reference). Please do not include any school age friends:

<u>Name</u>	<u>Home or e-Mail Address</u>	<u>Phone Number</u>
-------------	-------------------------------	---------------------

I agree that, as a CSC volunteer, I will represent the Science Center in a positive and honest manner and follow CSC policies and procedures to the best of my ability. I understand that this program requires a commitment of my time until August 2011.

Applicant Signature _____ **Date** _____

Parent/Guardian Signature (required) _____ **Date** _____

Please return completed application by **Sept. 30** to: Catawba Science Center,
c/o Emily Kanipe, P.O. Box 2431, Hickory, NC 28603
(828) 322-8169 x. 315 ♦ Fax (828) 322-1585 ♦ step@catawbascience.org