



MARYLAND SCIENCE CENTER VOLUNTEER APPLICATION

Please complete this form fax it to 410.545.5974, or mail it back to:
Volunteer Office • 601 Light Street • Baltimore, MD 21230
Questions? Call 410.545.5946 or email jbell@marylandsciencecenter.org

PERSONAL INFORMATION

Male Female Adult High School Student College Student/Intern

Are you at least 14 years of age? Yes No Date of birth if under 18 _____

Name (Dr., Ms., Miss, Mr.) _____

Name of Parent/Guardians (if you are under 18) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Emergency Contact _____ Emergency Phone _____

Do you have any physical limitations or special medical conditions that we should be aware of?

If so please list below.

How did you hear about our volunteer opportunities?

Friend or family member Teacher or Instructor Visiting the MSC

Newspaper (which one?) _____ Internet (which site?) _____

Other (please explain) _____

EDUCATION

Name of High School _____

Circle current or last year completed: 8 9 10 11 12

Name of College or University _____

Circle current or last year completed: 1 2 3 4 5+

College Major/Graduate Program _____

*High School students please attach a recommendation from a teacher or a guidance counselor.

PROFESSIONAL EXPERIENCE

Please list at least one past or present employer below:

Past Present (please check one)

Employer _____ Position Held _____

Past Present (please check one)

Employer _____ Position Held _____

VOLUNTEER EXPERIENCE

Please list at least one past or present employer below:

Past Present (please check one)

Agency _____ Position Held _____

Past Present (please check one)

Agency _____ Position Held _____

VOLUNTEER INTERVIEWS AND TRAINING

All prospective volunteers must be interviewed prior to being accepted at the Maryland Science Center. Those selected are required to attend and complete the Maryland Science Center volunteer orientation and training before beginning the program. Their assigned supervisor will then train all volunteers in their specific duties.

Please choose three volunteer positions that interest you the most. Rank them in order from 1 to 3, with 1 being your first choice. (* denotes positions available to High School Program participants.)

___ Archive Asst.	___ *BodyLink Asst.	___ Bus Greeter	___ *Camp -In Aide
___ *Clerical Asst.	___ Exhibit Tech/Developer	___ *Greeter	___ *Kids Room Asst.
___ *Observatory Asst.	___ *IMAX Theater Usher	___ *IT Asst.	___ Development Asst.
___ *SpaceLink Asst.	___ *Planetarium Asst.	___ *Public Programs Asst.	___ *Science Store Clerk
___ *TerraLink Asst.	___ *Traveling Exhibit Asst.	___ Mailing Group	

Days Available: MON TUES WED THUR FRI SAT SUN

Times Available: 9-1 10-2 11-3 12-4 1-5 2-6 7-10 (Friday-Observatory Only)

REFERENCES

Please list two work, school, or professional references, not relatives, whom we may contact regarding your application.

Name _____ Phone _____

Name _____ Phone _____

ETHNICITY

*Please Check One: (This information is subject to government reporting requirements and is strictly voluntary. Failure to reply to this question will NOT result in any adverse action.)

- Asian, not Hispanic or Latino Black or African American, not Hispanic or Latino Hispanic/Latino
 American Indian or Alaska Native, not Hispanic or Latino Caucasian, not Hispanic or Latino
 Native Hawaiian or Other Pacific Islander, not Hispanic or Latino Two or More Races

CRIMINAL BACKGROUND CHECK

Adult volunteers (over 18)

It is the policy of the Maryland Science Center to require criminal background checks for all prospective employees and volunteers over the age of 18. You will be asked to sign a release authorizing Kroll Background America to conduct the investigation entirely at the Maryland Science Center's expense. A copy of the report will be available to you upon request.

VOLUNTEERS AND PARENTS OR GUARDIANS, PLEASE READ, SIGN, AND DATE THE FOLLOWING:

I certify, to the best of my knowledge, that all information given by me/applicant in this application and in any other forms I/applicant complete during the application process is true and correct. I understand that false or misleading statements made by me/applicant or consequential omissions of any kind in the application process are sufficient cause for my/applicant not being accepted as a volunteer or for my/applicant being dismissed if I/applicant am already a volunteer no matter when discovered.

I authorize the Maryland Science Center to investigate all of the information contained in this application. Any persons or organizations named are authorized to provide information regarding my/applicant's employment, volunteer history, character, and qualification and they are hereby released from all liability for providing such information.

I understand that there will be an interview prior to my/applicant's being accepted as a volunteer and I/applicant will be expected to complete the required training for museum volunteers. I understand that youth volunteers must be at least 14 years of age to be accepted.

Print Name (Applicant)

Signature of Applicant Date

If applicant is under 18 years old, please have a parent/guardian sign below.

Print Name (Parent/Guardian)

Signature of Parent/Guardian Date

Date Available to Start _____

Please return by mail or fax.

Volunteer Office

601 Light Street

Baltimore, MD 21230-3812

Fax: 410.545.5974

OFFICE USE ONLY	DR	SUP	ENT	#
	AOI	ID	SD	TD

Please provide us with additional information by answering the following questions :

Please answer on a separate sheet of paper.

1. What would you like to experience as a volunteer at the Maryland Science Center?
2. What does volunteering mean to you? Why is volunteering important?
3. If you could describe yourself with one word, what would that word be?
4. (High School Students Only) The Maryland Science Center can only accommodate 30 student volunteers in the high school program per season. Please tell us why you should be one of the thirty students chosen for our summer, fall, or spring season.