



**The Great Lakes Science Center
601 Erieside Avenue
Cleveland, OH 44114
216-696-5339**

VOLUNTEER REGISTRATION APPLICATION

Thank you for your interest in volunteering at The Great Lakes Science Center. The following information will provide us with a general sense of how you could best help. Please complete all sections so that your interview process can proceed forward.

Name _____ Date of Birth _____

Address _____ Phone _____

City _____ State _____ Zipcode _____ Cell _____

SOCIAL SECURITY _____ - _____ - _____ **Email** _____

EMERGENCY CONTACT

Name _____ Phone _____

Relationship _____ Cell _____

Name _____ Phone _____

Relationship _____ Cell _____

If emergency contacts cannot be reached, The Great Lakes Science Center reserves the right to seek medical assistance at the nearest medical facility and will be held harmless in all legal issues that may arise from this decision.

PROGRAM INTERESTS (Please select one or more)

_____ Group Greeter _____ Information Desk _____ Administrative Help

_____ Exhibit Interpreter _____ Mobile Explorer _____ Science Camp

_____ Polymer Fun House _____ Wristband Checker _____ Survey Taker

_____ Mather Docent _____ Mather Deckhand

How did you hear of our Volunteer Department? _____

Can you perform your task with or without accommodations? With _____ Without _____

EDUCATION COMPLETED: _____ High School _____ College _____ Vocational _____ Other _____

PROFESSIONAL/PERSONAL SKILLS, TRAINING OR WORK EXPERIENCE/RESPONSIBILITIES

CURRENT EMPLOYMENT:

Name of Firm

Address

Supervisor

Telephone #

AVAILABILITY OF VOLUNTEER TIME: (Please circle)

Monday	_____ 10:00am – 2:00pm	_____ 11:00am – 3:00pm	_____ 1:00pm – 5:00pm
Tuesday	_____ 10:00am – 2:00pm	_____ 11:00am – 3:00pm	_____ 1:00pm – 5:00pm
Wednesday	_____ 10:00am – 2:00pm	_____ 11:00am – 3:00pm	_____ 1:00pm – 5:00pm
Thursday	_____ 10:00am – 2:00pm	_____ 11:00am – 3:00pm	_____ 1:00pm – 5:00pm
Friday	_____ 10:00am – 2:00pm	_____ 11:00am – 3:00pm	_____ 1:00pm – 5:00pm
Saturday	_____ 10:00am – 2:00pm	_____ 11:00am – 3:00pm	_____ 1:00pm – 5:00pm
Sunday	_____ 10:00am – 2:00pm	_____ 11:00am – 3:00pm	_____ 1:00pm – 5:00pm

PROFESSIONAL AND PERSONAL REFERENCES

Name _____ Relation _____
 Address _____
 _____ (City) _____ (State) _____ (Zip)
 Telephone # _____ Years Known _____

Name _____ Relation _____
 Address _____
 _____ (City) _____ (State) _____ (Zip)
 Telephone # _____ Years Known _____

Name _____ Relation _____
 Address _____
 _____ (City) _____ (State) _____ (Zip)
 Telephone # _____ Years Known _____

I authorize The Great Lakes Science Center to make inquiry into my professional and personal references and relevant information in the volunteer consideration process. I understand that completion of this application does not indicate whether there are any positions currently open and that it does not obligate the Great Lakes Science Center to extend association on a voluntary basis. I understand that my file will remain confidential.

My signature constitutes that my responses are true and complete, and that I have read and understood this paragraph.

Your name (Please print)

Date

I, _____, confirm by signing this statement, that I have not been convicted of a crime of child abuse, unlawful sexual behavior, or a felony. Furthermore, I grant The Great Lakes Science Center permission to acquire any criminal records that I may have incurred.

Your Signature

Date

The Great Lakes Science Center complies fully with all State and Federal laws prohibiting discrimination because of race, color, religion, gender, sexual orientation, gender identity or gender expression, national origin, age, disability or veteran status.