



Volunteer Application

CONTACT INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary: _____

Email Address: _____

AVAILABILITY

During which hours are you available to volunteer?

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time Preference: _____

INTERESTS

Areas in which you are interested:

- Assist in classroom
 Assist with lesson research and activity material preparation
 Animal care
 Landscaping
 Other

SPECIAL SKILLS OR QUALIFICATIONS

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.



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PREVIOUS VOLUNTEER EXPERIENCE

Please summarize your previous volunteer experience.

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary: _____

Email Address: _____

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed): _____

Signature: _____

Date: _____

OUR POLICY

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

Thank you for completing this application form and for your interest in volunteering at the Science Center! Please mail, fax or email the completed form to:

Teresa Ribble
The Science Center of Pinellas
7701 22nd Ave N St. Petersburg FL 33710
tribble@careersourcepinellas.com
(P) 727-608-2437 OR 727-366-1314 (F) 727-791-5891