

# Adventure Science Center

## Adult Volunteer Application

Date: \_\_\_\_\_

Title: Mr./ Miss/ Mrs./ Dr. \_\_\_\_\_ Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Work/Daytime)

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Home/Nighttime)

E-Mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Group Affiliation (if any): \_\_\_\_\_ Best Place To Receive Messages:  
(Circle) Home / Work / E-Mail

Have you ever volunteered before? If so, where and in what capacity. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How did you hear about the Science Center Volunteer Program? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Why do you want to become a Science Center Volunteer? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any medical, physical or special need that the Science Center should have knowledge of, in the event of an emergency or to assist you while you are volunteering?  
 \_\_\_\_\_  
 \_\_\_\_\_

### Educational Background

School Name	City, State	Major	Degree Earned
High School	_____	_____	_____
College	_____	_____	_____
Other	_____	_____	_____

**Areas of interest (please circle)**

Programs    Data Entry    Greeter    Gift Shop    Special Events  
 School Orientations    Birthday Parties    Health Hall Educator  
 Administrative Assistant    Research and development of programs

**Hours of Availability (please circle)**

Monday	9:00-1:00		1:00-5:00		After hours activities		
Tuesday	9:00-1:00		1:00-5:00		After hours activities		
Wednesday	9:00-1:00		1:00-5:00		After hours activities		
Thursday	9:00-1:00		1:00-5:00		After hours activities		
Friday	9:00-1:00		1:00-5:00		After hours activities		
Saturday	9:00-1:00		1:00-5:00		After hours activities		
Sunday	12:00-3:00		3:00-6:00		After hours activities		

**Skill or Hobbies**

**Any Relevant Training or Expertise**

**Years Experience**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_



# The Adventure Science Center Authorization for Background Check

I, the undersigned consumer, do hereby authorize the Adventure Science Center to procure a consumer report and/or investigative consumer report on me.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications; personal references; personal interviews; my driving history, including any traffic citations; a social security number verification; present and/or former addresses; criminal and/or civil history records; or any other public record.

I hereby release the Adventure Science Center and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims or demands, by me, my heirs or others making such claim or demand on my behalf, for providing a consumer report and/or investigate consumer report hereby authorized.

I understand that this Authorization/release form shall remain in effect for the duration of my relationship with the Adventure Science Center. Additionally, I give permission to investigate any incidents of workplace misconduct, including but not limited to; sexual harassment, of which I have been accused for which I am alleged to have been involved during my tenure. Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application may be terminated based on any false, omitted, altered or fraudulent information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip Code County Date lived

Previous Address: \_\_\_\_\_  
Street City State Zip Code County Date lived

Previous Address: \_\_\_\_\_  
Street City State Zip Code County Date lived

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ County of residence: \_\_\_\_\_ Gender\* \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State of issuance: \_\_\_\_\_

- Have you ever been convicted of any criminal violations? Yes \_\_\_ No \_\_\_
- Have you ever been sanctioned or had your licenses suspended or revoked by any regulatory agency? Yes \_\_\_ No \_\_\_
- Are you currently under any investigation or pending charge? Yes \_\_\_ No \_\_\_

\* This information will enable us to properly identify you in the event we find adverse information during the background search.

