



Volunteer Application

Date: _____

Name: _____ M F _____ Date of Birth: _____

Address: _____ City, State, And Zip: _____

Telephone: (H) _____ (W) _____ (C) _____

Email Address: _____

Parents Email Address: _____

Have you ever been arrested or convicted? _____ If yes please explain: _____

Name of school or employer: _____

Are you volunteering for School Community Service? _____ What organization? _____

Are you interested in volunteering during the: **School year** _____ **Summer** _____ **Both** _____

How many hours do you need to complete? _____ By what date? _____

What days are you available to volunteer? _____

What times can you volunteer? _____

What date can you start? _____ How did you hear about our volunteer program? _____

What other volunteer or community activities are you involved in? _____

Please list any experience you have working with children: _____

Special Skills/Interest: _____

Please list two references (professional, associates, teacher/ advisors)

Name	Phone	Relationship	Years Acquainted
1. _____	_____	_____	_____
2. _____	_____	_____	_____



Volunteer Agreement

I, _____, agree to the following:

I. CODE OF CONDUCT

While a volunteer at The Discovery Science Place, I will conduct myself in accordance with all of The Discovery Science Place's rules, guidelines, instructions, policies and procedures.

II. VOLUNTEER STATUS

I understand that I will not be compensated monetarily for my volunteer services to The Discovery Science Place.

III. DISMISSAL

I understand that my volunteer service is a privilege and not a right. If I fail to conduct myself in accordance with the Rules and Guidelines, I may be dismissed from volunteer service. I may also be dismissed from volunteer service at the sole discretion of The Discovery Science Place.

I have read this document, I understand its contents, and I agree to its terms.

Signature of Volunteer

Date

Parent or Guardian Signature (if under 18 years old)

Date

The Discovery Science Place
Volunteer
Waiver of Liability and Consent for Medical Treatment

Please read and sign the following agreement and release:

I, (print) _____, the parent and/or legal guardian of (print) _____, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, my express permission to participate in any and all activities of Camp Discovery at The Discovery Science Place, Inc. I agree that I will not hold The Discovery Science Place, Inc., its directors, employees, instructors and volunteers responsible for any accidents, injuries, or damages to my child/ward related to, arising from, or incurred during my child/ward's participation at DSP or any of its related events/activities, whether occurring at 308 N. Broadway in Tyler, Texas or any other location where my child may be participating. This is a general release of all possible claims of every kind against The Discovery Science Place, and this release shall be interpreted liberally to effectuate maximum protection for The Discovery Science Place.

In the event of an emergency requiring medical attention, I understand that every possible attempt will be made to reach me immediately. However, if I cannot be reached, I hereby consent and give my permission to The Discovery Science Place staff, camp instructors or any attending physician to make such decisions and perform such medical treatment upon said minor which might be necessary and proper under the circumstances. In addition, I give my permission for any staff member, camp instructor, and/or adult volunteer to seek and/or request transport for this medical attention for my child/ward if I cannot be reached. It is the intention of this release that the above named individuals incur no liability whatsoever while attending the responsible and necessary treatments that may be needed by said minor.

Signature of Parents and/or Guardian

Date

Address/City/Zip

Home Phone

Cell Number/ Business Number

Emergency Contact (other than above)

Name: _____ Phone: _____

Child's Doctor _____ Phone: _____

Food or other allergies: _____

Any Special condition The Discovery Science Place needs to be aware of _____

The Discovery Science Place

Photo Release

I give Discovery Science Place permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against the Museum with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Minor's Name _____

Parent/Guardian (please print) _____

Parent/Guardian Signature _____

Date _____