



Date: _____

Science Cart Volunteer Application

Name: _____ M F Date of Birth: _____ Age: _____

Address: _____ City, State, And Zip: _____

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

Email Address: _____

Emergency Contact: _____ Phone #: _____

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

Circle or Write In Availability:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
11am-1pm	11am-1pm	11am-1pm	11am-1pm	11am-1pm	11am-1pm	x
2pm-4pm	2pm-4pm	2pm-4pm	2pm-4pm	2pm-4pm	2pm-4pm	2pm-4pm

*Mondays only applicable between Memorial Day and Labor Day

What date(s) would you like to volunteer? _____

How did you hear about our volunteer program? _____

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

Special Skills/Interest: _____

If requested are you willing to undergo a background check and criminal history check? _____

Signature

Date