

Date:

Volunteer Application

I am applying as a prospective: ☐ Intern ☐ Youth Volunteer (13-17 years old) ☐ Adult Volunteer Please Circle: Miss Mrs. Ms. Mr. Dr. Name: ______ Date of Birth: _____ _____ State: _____ Zip: _____ Home Phone: _____ Cell Phone: _____ Email Address: Parent Email Address (if under 18): Are you a veteran: Tes No Do you have any physical limitations (difficulty standing, lifting, hearing, etc.) that might affect your ability to volunteer? If so, please describe briefly. Also, please list any medical conditions you would like us to be aware of. Have you ever been convicted of a crime, served a jail sentence or entered a plea of nolo contendre (no contest)? Tes No *Conviction will not necessarily disqualify applicant from volunteering. If yes, please provide details regarding each charge. Who should be contacted in an emergency? Name: Phone: Phone: Name: ______ Phone: ______ Phone: _____



Experience:

Current Employment Status: Full-Time Part-Time Retired Student			
Name of School/Company Name:			
Position/Field/Title:			
Current Volunteer Positions: Previous Volunteer Experience: Have you ever volunteered for the Orlando Science Center in the past? No			
			If yes, when and in what capacity?
			Education/Training/Special Skills:
Please list your educational background as well as other training or skills that may assist you in your volunteer activities.			
Do you have any current memberships or belong to any organizations? (Please list)			
Do you have any computer skills? (Please list)			
Do you speak a foreign language? (Please list)			
Do you know American Sign Language? [] Yes [] No			
Volunteer Questionnaire:			
Please answer the following questions regarding your interest in volunteering for the Orlando Science Center. (Please attach an additional sheet of paper if necessary)			
I. What do you hope to gain from volunteering at OSC?			
2. How did you hear about OSC volunteering opportunities? Please circle one: OSC Website Counselor/Teacher Family/Friends Visiting the Building			
Other:			
3. Reason for volunteering? Please circle one:			
Community Service School Requirement Gain Experience Meet New People			
Club Requirement Other:			



Signature

I agree that the attached documents have been read, and that the applicant has completed the application thoroughly and truthfully themselves, without omission to abilities and/or experiences. It is understood that this application, as well as further documents will remain confidential in OSC's Volunteer Resources Office. I further understand that if accepted as a volunteer at OSC, my volunteer service will be at will, and that service at OSC may be terminated with or without cause, and without notice, at any time, at the option of either OSC or myself.

Applicant's Signature:	Date:
Parent/Guardian Signature:	Date:
(Only applicable if applicant is under the age	of 18)
	18 years of age or older must agree to a crimina eptance as a volunteer. Individuals who choose not to blunteer.

Attention Adult Volunteers and Internship Applicants:

Please forward your application to:

Orlando Science Center
Attn: Danielle Kapusin,
Manager of Volunteer Resources
777 East Princeton Street
Orlando, Florida 32803
407-514-2223
dkapusin@osc.org

Attention Youth Volunteers:

Please forward your application to:

Orlando Science Center Attn: Caroline Wieland, Youth Volunteer Coordinator 777 East Princeton Street Orlando, Florida 32803 407-514-2034 cwieland@osc.org

Youth Volunteers:

Also, enclose a copy of your most recent report card (showing at least a 3.0 grade point average), and a letter of recommendation from a teacher of your choice. Please note, your application will not be considered until all supplemental paperwork has been received by the Youth Volunteer Coordinator.