

# Volunteer Application

(Please print clearly. You must fill out your own application.)

## Requirements for volunteering at Sci-Port:

- applicant must be 18+ years of age
- applicant must pass a required background check

For Sci-Port use only  
Application Received: \_\_\_\_\_  
Application Entered: \_\_\_\_\_  
Background Check Rcvd: \_\_\_\_\_

Name \_\_\_\_\_ Nickname (if applicable): \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_

Best time to contact:  Day  Evening Circle: Male Female Date of birth \_\_\_\_\_

Email \_\_\_\_\_ Best way to contact me:  Phone  Email

How did you hear about our volunteer program?

- Friend  Advertisement  Other: \_\_\_\_\_  
 School/Professor (School and/or Professor Name: \_\_\_\_\_)

Where would you like to volunteer?

- Working Special Events  Exhibit Maintenance and Fabrication  Mailings and/or other office work  
 Assisting with Birthday Parties on Weekends  Playing with students/children in Center  
 Preparing materials for upcoming programs or events  Assisting with demonstrations and labs  
 Mailings and/or other office work  Sorting/Organizing  Assisting with offsite programs  
 Other: \_\_\_\_\_

Please list any experience you have working with children.

List any special skills that you feel might be beneficial to Sci-Port?

Do you have any special requirements that might affect the type of work you can do?

- Yes Please explain: \_\_\_\_\_

Have you had previous volunteer experience?

- Yes  No If yes, where: \_\_\_\_\_

What are your hobbies/interests?

Why do you want to volunteer at Sci-Port and what do you hope to gain from your volunteer experience?

What length of volunteer commitment can you provide?

Are you volunteering to fulfill community or other required service learning hours?

- Yes  No Number of hours: \_\_\_\_\_ Date hours due by: \_\_\_\_\_  
Organization: \_\_\_\_\_

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## Employment

Current job title \_\_\_\_\_ Employer \_\_\_\_\_  
Supervisor \_\_\_\_\_ Dates of employment \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

## Education

College \_\_\_\_\_ Years completed \_\_\_\_\_  
Course of study \_\_\_\_\_

Other? \_\_\_\_\_

## References

(Please list two (2) references that are **not** family.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

## Please sign below after reading and understanding the following statement.

*"I am volunteering my time for personal reasons and of my own free will. I understand that I will not be paid for my services as a volunteer and I expect no compensation in return. The information provided in this application is accurate and Sci-Port has permission to contact the past employers, references, and emergency contacts listed. I understand that any misrepresentation of the information in this application may result in my termination as a volunteer. Sci-Port has my permission to take photos/video/audio of me for use in the location(s) and for the purpose(s) of their choosing. I also wave any legal/financial ties resulting from the use of said media".*

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

## Please mail, fax or drop off to:

Jim, Chico, Volunteer Coordinator  
Sci-Port: Louisiana's Science Center  
820 Clyde Fant Parkway, Shreveport, LA 71101  
Phone: (318) 424-8704  
Fax: (318) 222-5592