



TEEN VOLUNTEER APPLICATION • Grades 7-12

Please Print Clearly

GENERAL INFORMATION

Today's Date: _____

Name: _____
Last First Middle

I like to be called: _____ Male _____ Female _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address (Print Clearly): _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell: (_____) _____ Other Phone: (_____) _____

I prefer to receive calls at (check all that apply): home work cell other (specify)

Date of Birth: ____ - ____ - ____
mm dd yy

Parent(s)/Guardian(s) Names: _____

Parent/Family E-mail Address (Print Clearly): _____

EDUCATION

Name of School or Home-school Network: _____

Grade _____ Expected High School Graduation Date: _____

VOLUNTEERING EXPERIENCE

Have you volunteered anywhere before? Yes No

If so, where did you volunteer and what did you do?

Are you fulfilling a volunteer requirement (e.g. for school, church, civic group)? Yes No

If yes, what program? _____ How many hours are required? _____

Why do you want to volunteer at WonderLab?

What experiences, skills and/or special talents can you share as a WonderLab volunteer?

EMPLOYMENT

Place of employment: _____

Position held: _____

Supervisor: _____ Phone: (_____) _____

What would you like to do at WonderLab?

Work with visitors in the museum Work behind the scenes

Note: volunteering opportunities will be described at the training

How will you get to the museum? drive a car parent bus bike walk

REFERENCES

List two non-family references and their relationship to you (e.g., teacher, employer, etc.)

Name: _____ Relationship to you: _____

Daytime phone: (____) _____ E-mail: _____

Name: _____ Relationship to you: _____

Daytime phone: (____) _____ E-mail: _____

EMERGENCY CONTACTS

Name: _____ Relationship to you: _____

Telephone: Home(____) _____ Work(____) _____ Cell Phone(____) _____

Address: _____

Name: _____ Relationship to you: _____

Telephone: Home(____) _____ Work(____) _____ Cell Phone(____) _____

Address: _____

VOLUNTEER AGREEMENT

I, _____, intend to volunteer at WonderLab Museum of Science, Health and Technology or at locations for WonderLab outreach events. I understand that I am responsible for (1) reading, understanding, and following all information given to me at orientation; (2) assisting visitors with exhibits, activities and special programs; (3) arriving on time for my scheduled shift and staying the entire time unless prior arrangements have been made; and (4) calling the museum in advance if I cannot be present for the scheduled shift. I also agree to abide by WonderLab's standards of behavior and appearance as stated in the Volunteer handbook. Volunteers will be on a probation period for three shifts.

Parent/Guardian: I agree that WonderLab may photograph/video my child's participation in this program, and I release any such photographs/video to WonderLab for use in its programs, publications, and other media.

I certify that the information in this application is true and correct and complete to the best of my knowledge. By signing below, I authorize WonderLab to verify any and all information I provided by contacting appropriate sources.

Teen Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Return the completed form with the signatures of both the teen volunteer and parent/guardian to:

WonderLab Volunteer Program
PO Box 996
Bloomington, IN 47402-0996
Phone: (812) 337-1337 Ext: 20
Fax: (812) 330-1337