

# MARYLAND SCIENCE CENTER

## YOUTH VOLUNTEER APPLICATION

Questions? Call 410.779.1627  
 VOLUNTEER PLACEMENT IS BY INTERVIEW ONLY

Please complete this form & return by:  
**Fax** 410.545.5889  
**Mail** Volunteer Office  
 601 Light Street  
 Baltimore, MD 21230  
**Email** volunteers@marylandsciencecenter.org

### PERSONAL INFORMATION

*Volunteers 18 and over please use the adult volunteer application.*

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

How do you prefer to be contacted \_\_\_\_\_

#### Ethnicity

*(This information is subject to government reporting requirements and is strictly voluntary. Failure to reply to this question will NOT result in any adverse action.)*

Asian  African American  Hispanic/Latino  American Indian or Alaska Native

Caucasian  Other: \_\_\_\_\_

How did you hear about our volunteer opportunities? \_\_\_\_\_

### POSITIONS & AVAILABILITY

Please choose the volunteer positions that interest you the most.

\_\_\_\_\_ Camp In      \_\_\_\_\_ Camp MS      \_\_\_\_\_ Family Science Night

Please indicate your availability by filling in the days and times you are available for volunteering.

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
|        |         |           |          |        |          |        |

### EDUCATION

Name of High School \_\_\_\_\_

Circle last year completed: 9 10 11 12

**Are you volunteering as part of a school required community service or internship project?**  Yes  No

If Yes, please list the requirements, including hours and dates of the project \_\_\_\_\_

Program Contact \_\_\_\_\_ Telephone \_\_\_\_\_



Please list any employment, education, volunteer experiences, activities, leadership positions, or hobbies you are involved in, or have been involved in, that may be of value to The Maryland Science Center:

---

---

---

---

---

---

---

---

Why is volunteering important? Why do you want to volunteer at the Maryland Science Center?

---

---

---

---

If you could describe yourself with one word, what would that word be? \_\_\_\_\_

---

I understand that I am applying for a position as an unpaid volunteer at the Maryland Science Center and that submission of this application does not guarantee placement in the volunteer program. Furthermore, by signing below, I certify that the information provided on this application is true and correct, to the best of my knowledge.

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

Applicant Print Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Print Name \_\_\_\_\_

It is the policy of MSC to require criminal background checks for all prospective volunteers over age 18 at the expense of MSC. A copy of this report will be made available upon request.



**STATEMENT OF SUPPORT**  
**MARYLAND SCIENCE CENTER**  
**YOUTH VOLUNTEER PROGRAM**  
**VOLUNTEER APPLICATION**

---

Student Name \_\_\_\_\_

The rest of this form is to be completed by a teacher, service coordinator, or group leader that is supporting your application (not a family member).

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

School/Organization \_\_\_\_\_

I understand that I am recommending this volunteer as an individual who will honor their commitment to the Volunteer program at the Maryland Science Center. This includes arriving on time and exhibiting appropriate behavior. I further understand that the Volunteer Coordinator will notify me if any problems arise.

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

