



## Volunteer Application

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt./Unit \_\_\_\_\_

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

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

Email \_\_\_\_\_

Age (check age bracket that applies):    \_\_\_ 14 - 17 years old    \_\_\_ 18 and older

### In an emergency, contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

### Education (Please circle last year completed)

High School: 9 10 11 12    College: 1 2 3 4    Graduate: 1 2 3 4

Training and / or Degrees:

Schools Attended (high school, college and / or trade):

### Volunteer Work Experience

Have you had any volunteer experience? \_\_\_\_\_

If yes, where have you volunteered and for how long? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References**

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Occupation \_\_\_\_\_  
Relationship \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Occupation \_\_\_\_\_  
Relationship \_\_\_\_\_  
Email \_\_\_\_\_

**Please indicate which day(s) and time you will be available to volunteer.**

Tuesday 10:00-1:00 / 2:00-5:00

Friday 10:00-1:00 / 2:00-5:00

Wednesday 10:00-1:00 / 2:00-5:00

Saturday 10:00-1:00 / 2:00-5:00

Thursday 10:00-1:00 / 2:00-5:00

Date Available: \_\_\_\_\_

**Please mark the area/s you would prefer to volunteer in.**

Tours \_\_\_\_\_

Computer Lab \_\_\_\_\_

Space Missions \_\_\_\_\_

Monitor \_\_\_\_\_

Robotics Lab \_\_\_\_\_

Other \_\_\_\_\_

**Skills and Interest**

Languages: \_\_\_\_\_

Special skills and hobbies: \_\_\_\_\_

Why would you like to become a volunteer at the Space Center? \_\_\_\_\_

Will you be able to attend the required orientation and training classes? \_\_\_\_\_

**Volunteer Agreement**

I hereby apply to volunteer for the Columbia Memorial Space Center. I understand that if I am accepted I will be expected to follow a mutually acceptable schedule and notify my supervisor promptly if I am unable to work as scheduled. I also understand that I will be expected to perform my assigned tasks in a businesslike and efficient manner.

I understand that the Columbia Memorial Space Center is not responsible for lost or stolen personal items while I am volunteering at the Space Center site.

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

**Parent Consent**

**If under 18 years of age, a signature of a parent or guardian consenting to applicant working as a Columbia Memorial Space Center volunteer is required.**

I hereby give permission for my child to participate in the Columbia Memorial Space Center volunteer program and release the City of Downey, City Manager’s Department from all responsibilities resulting from this program. I understand that the program is sponsored by the City of Downey, supervised by qualified personnel, and covers all activities.

I have reviewed and agree to the volunteer agreement signed by my child on the reverse side of this application.

**Photo Release**

Photo’s may be taken of your child and be used for publication or publicity by the City of Downey. Please initial next to the appropriate statement.

\_\_\_ Yes, my child may be photographed and the photos used for publication or publicity.

\_\_\_ No, my child may not be photographed.

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

Questions regarding the Columbia Memorial Space Center volunteer program can be directed to (562) 231-1200.

**Return application to:**

Columbia Memorial Space Center  
Attention: Volunteer Application  
12400 Columbia Way  
Downey, CA 90242  
562-231-1206 (fax)

<b><u>Office Use Only</u></b>		
Received: _____	Orientation Letter: _____	Orientation Date: _____
Fingerprints: _____	Handbook: _____	Nametag: _____