



Volunteer Application

Name: _____

Address: _____ Apt./Unit: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: ____/____/____

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: _____
English: __ Spanish: __ Other: _____

Name: _____
Phone Number: _____
Occupation: _____
Relationship: _____
Email: _____
English: __ Spanish: __ Other: _____

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

Check One: Year Round _____

ONLY Summer _____

Tuesday: _____

Friday: _____

Wednesday: _____

Saturday: _____

Thursday: _____

Sunday: _____

Date Available to Start: _____

Skills and Interest:

Languages spoken:

Special skills and hobbies:

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

Volunteer Agreement:

I hereby apply to volunteer for the Columbia Memorial Space Center. I understand that if I am accepted into the program, I will be expected to follow a schedule mutually agreed upon by my supervisor and myself, and notify him/her promptly if I am unable to work as scheduled. I also understand that I am expected to perform my assigned tasks in an appropriate and efficient manner. I recognize that the Columbia Memorial Space Center has the right to dismiss me at any time if I am not in accordance with the guidelines listed in the Volunteer Handbook (given during the Volunteer Orientation).

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, the signature of a consenting parent or guardian is required for the applicant to volunteer at the Columbia Memorial Space Center.

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 agreed to the volunteer agreement signed by my child.

Photo Release

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

___ Yes, my child may be photographed for possible use in various publications for the City of Downey.

___ No, my child may not be photographed.

Parent / Guardian Signature: _____ **Date:** _____

Return application to:

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

Questions regarding the Columbia Memorial Space Center Volunteer Program can be directed to (562) 231-1200 or volunteerservices@downeyspacecenter.org

Office Use Only

Received: ___/___/___ Orientation Letter: ___/___/___ Orientation Date: ___/___/___

Reference: ___/___/___ Fingerprints: ___/___/___