



Volunteers In Promoting Science

Gateway to Science Volunteer Program

Personal Information

Mr./Mrs./Ms/Dr. (please circle)

Name: _____

Address: _____

(Street, City, State, Zip)

Home Phone: _____ Cell Phone: _____

Email: _____

Employer Name: _____

Employer Address: _____

(Street, City, State, Zip)

Work Phone: _____

If you are between the ages of 13 and 17, you will need your parent to sign this form, giving you permission to be a volunteer at Gateway to Science.

Parent Signature: _____ Date: _____

Please indicate areas in which you are interested in volunteering:

- | | |
|----------------------------|----------------------------|
| _____ Center Guides | _____ Educational Programs |
| _____ Exhibit Maintenance | _____ Events Coordinating |
| _____ Exhibit Construction | _____ Public Relations |
| _____ Fundraising | _____ Other |

Background Check:

Because we are responsible for the safety of the students, parents, and staff we request that you sign the following:

- Gateway to Science has my authorization to thoroughly investigate my work and personal history that is related to the volunteer position.
- I have not been arrested, charged, and/or convicted of one or more of the offenses listed below:
 - All pending and prior criminal arrest and charges related to child sexual abuse
 - Convictions related to other forms of child abuse and/or neglect
 - All convictions of violent felonies

Signature: _____ Date: _____

Thank you for your participation in **Volunteers In Promoting Science**.

Your involvement can really make a significant difference in the lives of our students and the quality of our educational programs.