



SCIENCE FIRSTHAND – PARTNERS IN DISCOVERY

Adult Volunteer Application Page 1

(Use extra paper to complete, if additional space is required.)

**A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION
MUST BE ATTACHED TO COMPLETE THIS APPLICATION.**

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Email address _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

Previous volunteer experience: _____

Do you have children in the Community Center's programs? Yes No

If yes, at what level? _____

Special Certification (i.e. CPR, Medical, etc.): _____

Do you have a valid driver's license?: Yes No

Driver's License #: _____ State _____

Have you ever been convicted of or pled guilty to any crime(s)?: Yes No

If yes, describe each in full: _____

Have you ever been refused participation in any other youth programs? Yes No

If yes, explain: _____



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Adult Volunteer Application Page 2

What appeals to you most about the Science Firsthand program?

Days available _____ Times available _____

Please list three references, at least one of whom has knowledge of your participation as a volunteer:

Name	Phone
1. _____	_____
2. _____	_____
3. _____	_____

As a condition of volunteering, I give permission for Mentoring.org on behalf of the Community Center (_____) and First Hand Learning, Inc to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that acceptance into the Science Firsthand program is conditional upon the above organizations receiving no inappropriate information on my background.

I hereby release and agree to hold harmless from liability Mentoring.org, First Hand Learning, Inc, and the Community Center (_____), the officers, employees and volunteers thereof, or any other person or organization that may provide such information. If accepted, I understand that, prior to my participation, I will complete the free, online Youth Protection training program at a Boy Scouts of America facility designated for this purpose.

Applicant Signature _____ Date _____

Applicant Name (please print or type) _____

NOTE: The Science Firsthand Collaborative will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

Community Center Use Only:

Background check completed by _____
on _____

System(s) used for background check (minimum of one must be checked):

____ Sex Offender Registry ____ Criminal History Records

Only attach to this application copies of background check reports that reveal convictions of this applicant.