



## 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# SCIENCE FIRSTHAND – PARTNERS IN DISCOVERY

## 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.