

STEAM TEAM Volunteer Application

The application process does not guarantee acceptance into the volunteer program. The volunteer application must be fully completed to be considered. All information is confidential.

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PERSONAL INFORMATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name Last Name

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Address City, State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name #1 Parent/Guardian Name #2

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Parent/Guardian Phone #1 Parent/Guardian Phone #2 Parent E-mail Address

### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **EDUCATION**

Current Grade Level**: \_\_\_\_\_\_\_\_\_\_\_\_**

Name of School : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highlight Relevant Courses Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**INTERESTS/SKILLS**

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Volunteer Applicant’s Hobbies/Interests

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Volunteer Applicant’s skills

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Other skills/interests/certifications

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## **TEACHER or PROFESSIONAL REFERENCE**

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School or Company

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Relationship

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Reference Name (First Last)

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E-mail of Reference (or Phone if they prefer) How long have they known you?

**Please attach a required letter of recommendation.**

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **WORK / VOLUNTEER EXPERIENCE (If Applicable)**

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Organization

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Position

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Supervisor Name

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Phone Number # Length of Experience

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **AVAILABILITY**

The Volunteer Program at the Asheville Museum of Science involves a commitment of time and effort, with minimum hours varying with position. Are you willing and able to make commitments and fulfill those commitments to the best of your ability?

Yes No

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School Year- Weekday availability

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School Year- Weekend availability

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Summer Availability- Weekday availability

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Summer Availability- Weekend availability

Why would you like to volunteer at the Asheville Museum of Science?

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How did you hear about our Volunteer Program?

## **Discrimination Policy**

The Asheville Museum of Science welcomes enthusiastic individuals of all backgrounds. No aspect of our volunteer program is influenced by race, religion, national origin, sex, disability, age, GINA, or any other basis prohibited by federal and state law, but rather by factors such as commitment, dependability, and a desire to be of service.

## **Criminal Background Check**

For certain volunteer areas, it is the policy of the Asheville Museum of Science to require criminal background checks for all prospective volunteers, **aged 18+**. If a volunteer turns 18 years of age while an active volunteer, you may be asked to complete a background check, at that time.

## **I Agree**

I agree that I have read and completed this application thoroughly and truthfully without omission or embellishment to my abilities and/or experience. It is understood that this application, as well as further written documents, will remain confidential within the Asheville Museum of Science. I further understand that if accepted as a volunteer at the Asheville Museum of Science, the relationship may be terminated with cause at the option of the Asheville Museum of Science, or myself.

I understand and agree that submitting this application form does not automatically register me as an Asheville Museum of Science volunteer, and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures before I may begin volunteering.

I Agree

Signature of Applicant

THANK YOU FOR YOUR INTEREST IN THE ASHEVILLE MUSEUM OF SCIENCE!

Please e-mail or drop-off completed forms to the museum: Attn: Volunteer Program or kclark@ashevillescience.org