



Volunteer Application

Contact Information

First and Last Name	Age:
Street Address	
City/ State/ Zip Code	
Phone Home/ Cell/ Email	
Best way to Contact?	
Emergency Contact: Name & Phone Number	

Availability

Sunday _____ A.M. _____ P.M.
 Monday _____ A.M. _____ P.M.
 Tuesday _____ A.M. _____ P.M.
 Wednesday _____ A.M. _____ P.M.
 Thursday _____ A.M. _____ P.M.
 Friday _____ A.M. _____ P.M.
 Saturday _____ A.M. _____ P.M.

Areas of Interest - Mark all that Apply

- WOW on Wheels
- Birthday Party & Special Events
- Summer Camp
- Science Laboratory & Activity
- Exhibits
- Field Study Trips & Tour Guide
- Science Store and Retail
- Behind the Scene Administration & IT Assistant
- Media/ Marketing & Outreach
- Fundraiser
- Adult Opportunities

Additional Information

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	Date:
Signature	
Homeroom or science teacher signature (if applicable): Reference	Email:
Parent Signature: (if under 18)	
Have you ever been convicted of a crime?	Yes _____ No _____ If yes what crime were you convicted for?

Return Volunteer Application to:

World of Wonders Science Museum

2 North Sacramento Street- Lodi, California 95240 - 209.368.0WOW(0969)

Or scan to: volunteers@wovsciencemuseum.org