



# Volunteer Application

## Contact Information

First and Last Name	
Age	
Street Address	
City/ State/ Zip code	
Phone Home and Cell	
E-Mail Address	
Emergency Contact: Name & Phone number	

## Availability

During which days & times are you available for volunteer assignments?

- |  |  |
|--|--|
| <input type="checkbox"/> Monday Morning    | <input type="checkbox"/> Monday Afternoon    |
| <input type="checkbox"/> Wednesday Morning | <input type="checkbox"/> Wednesday Afternoon |
| <input type="checkbox"/> Thursday Morning  | <input type="checkbox"/> Thursday Afternoon  |
| <input type="checkbox"/> Friday Morning    | <input type="checkbox"/> Friday Afternoon    |
| <input type="checkbox"/> Saturday Morning  | <input type="checkbox"/> Saturday Afternoon  |
| <input type="checkbox"/> Sunday Morning    | <input type="checkbox"/> Sunday Afternoon    |

Have you ever been convicted of a crime?

Yes       No

If yes, please explain: \_\_\_\_\_

## Special Skills or Interests

Summarize special skills and interests you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

## 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)	
Signature	
Parent Signature (if applicable)	
Date	

**Return Volunteer Application to:**  
World of Wonders Science Museum  
2 North Sacramento Street- Lodi, California 95240 - 209.368.0WOW(0696)  
volunteers@wowsciencemuseum.org