

**Carnegie Science Center
Teen Volunteer Program
Application**

Carnegie Science Center (CSC) accepts applications for the Teen Volunteer Program from individuals ages 14-18. This application should be completed by the applicant. The Carnegie Science Center Volunteer Program requires an initial commitment of 48 hours of service.

Thank you for *printing* neatly.

NAME _____

PREFERED NAME _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ ALT. PHONE _____

EMAIL ADDRESS _____

SCHOOL YOU ARE CURRENTLY ATTENDING _____

ANTICIPATED GRADUATION YEAR _____

How did you hear about the CSC volunteer Program?

- | | |
|-----------------------------|----------------------------|
| 1. CSC employees/volunteers | 6. School |
| 2. Friends/Family | 7. Civic Group |
| 3. CSC Publications | 8. Newspaper |
| 4. Membership Office | 9. Volunteer Action Center |
| 5. Signage at CSC | 10. Internet/Website |
| | 11. Other _____ |

Previous and/or current employment and volunteer experience:

Company	Position Held	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you speak or understand a foreign language? If so, which one(s) and to what degree of proficiency?

What interests, skills, and special abilities do you have that would make you a great CSC teen volunteer? _____

Why would you like to volunteer at CSC? _____

Which areas at CSC would you prefer to work?

1. _____ 2. _____

Please read carefully and sign this Teen Volunteer Agreement:

I understand that as a volunteer, I am not entitled to monetary compensation for the work that I perform or entitled to worker's compensation or group benefits in the event of injury. A Carnegie Science Center supervisor and I will evaluate my performance after 48 volunteer hours. If at anytime, it is determined that my responsibilities are not being satisfactorily fulfilled, Carnegie Science Center has the right to terminate my services.

Volunteer Signature _____ **Date** _____

In case of emergency, contact:

Name _____ **Relationship** _____

Address _____
Street, City, State, Zip

Home Phone _____ **Alt. Phone** _____

****Please list any medical restrictions, allergies, etc. that you feel pertinent to your CSC volunteering.**

