



The Great Lakes Science Center
 601 Erieside Avenue
 Cleveland, OH 44114
 216-696-5339

VOLUNTEER REGISTRATION APPLICATION

Thank you for your interest in volunteering at The Great Lakes Science Center. The following information will provide us with a general sense of how you could best help. Please complete all sections so that your interview process can proceed forward.

_____	_____ / _____	_____	_____		
NAME	TELEPHONE/ CELL	E-MAIL	BIRTHDAY		
_____	_____	_____	_____	_____	_____
ADDRESS	(Apt.)	CITY	STATE	ZIP	S.S. #

EMERGENCY CONTACT

Name _____	Relationship _____	Telephone _____
Name _____	Relationship _____	Telephone _____

If emergency contacts cannot be reached, The Great Lakes Science Center reserves the right to seek medical assistance at the nearest medical facility and will be held harmless in all legal issues that may arise from this decision.

PROGRAM INTERESTS (Please select one or more)

Admissions <input type="checkbox"/> Ticket Taker/Greeter/Information Desk	Development/Membership <input type="checkbox"/> Administration/cleric Volunteer <input type="checkbox"/> Weekend membership sales Volunteer	Special Events <input type="checkbox"/> Administration/cleric Volunteer <input type="checkbox"/> Special Events Volunteer
Education <input type="checkbox"/> Visitor Experience <input type="checkbox"/> Camp-In (fall-spring) <input type="checkbox"/> Summer Camp <input type="checkbox"/> Summer Camp Volunteer	Exhibits <input type="checkbox"/> Exhibit Repair	HR/Administration <input type="checkbox"/> Clerical Support Volunteer
Other _____	William G. Mather Museum <input type="checkbox"/> Painting <input type="checkbox"/> Electrical <input type="checkbox"/> Interior/Exterior Restoration <input type="checkbox"/> Carpentry <input type="checkbox"/> Plumbing <input type="checkbox"/> Exhibit Construction <input type="checkbox"/> Engineering <input type="checkbox"/> Welding <input type="checkbox"/> Education/Docent <input type="checkbox"/> Special Events <input type="checkbox"/> Speaker's Bureau	

How did you hear of our Volunteer Department? _____

Can you perform your task with or without accommodations? With _____ Without _____

EDUCATION COMPLETED: _____ High School _____ College _____ Vocational Other _____

PROFESSIONAL/PERSONAL SKILLS, TRAINING OR WORK EXPERIENCE/RESPONSIBILITIES

CURRENT EMPLOYMENT:

_____	_____
Name of Firm	Address
Supervisor _____	Telephone # _____

AVAILABILITY OF VOLUNTEER TIME: (Please circle)

Education:

Monday-Friday: 9:30 a.m.-1:30 p.m.
Saturday-Sunday: 10:30 a.m.-2:00 p.m.
Saturday-Sunday: 2:00 p.m.-5:30 p.m.

(Camp-In season):

Monday-Friday 3:30-5:30 p.m.
Friday evening 6:00 p.m.-11:00 p.m. or overnight ___ evening ___ overnight

Admissions:

Monday-Friday: 10:00 a.m.-3:30 p.m.
Saturday-Sunday: 9:30 a.m.-1:30 p.m.
Saturday-Sunday: 1:30 p.m.-5:30 p.m.

Special Events: ___ Day ___ Evenings

Membership:

Saturday-Sunday: 9:30 a.m.-1:00 p.m.
Saturday-Sunday: 1:00 p.m.-5:00 p.m.

Exhibits:

Sunday-Saturday: 9:30 a.m.-1:30 p.m.
Sunday-Saturday: 1:30 p.m.-5:30 p.m.

William G. Mather Museum (volunteers may volunteer when the Mather is not open to the public)

May, September and October

Fridays and Saturdays 10:00 a.m.-5:00 p.m.
Sundays and Holidays 12:00 noon – 5:00 p.m.

June, July and August

Monday through Saturday 10:00 a.m.– 5:00 p.m.
Sundays and Holidays 10:00 a.m. – 5:00 p.m.

PROFESSIONAL AND PERSONAL REFERENCES

Name _____ Relation _____
Address _____
(City) (State) (Zip)
Telephone # _____ Years Known _____

Name _____ Relation _____
Address _____
(City) (State) (Zip)
Telephone # _____ Years Known _____

Name _____ Relation _____
Address _____
(City) (State) (Zip)
Telephone # _____ Years Known _____

I authorize The Great Lakes Science Center to make inquiry into my professional and personal references and relevant information in the volunteer consideration process. I understand that completion of this application does not indicate whether there are any positions currently open and that it does not obligate the Great Lakes Science Center to extend association on a voluntary basis. I understand that my file will remain confidential.

My signature constitutes that my responses are true and complete, and that I have read and understood this paragraph.

Your name (Please print) Date

I, _____, confirm by signing this statement, that I have not been convicted of a crime of child abuse, unlawful sexual behavior, or a felony. Furthermore, I grant The Great Lakes Science Center permission to acquire any criminal records that I may have incurred.

Your Signature Date

The Great Lakes Science Center complies fully with all State and Federal laws prohibiting discrimination because of race, color, religion, gender, sexual orientation, gender identity or gender expression, national origin, age, disability or veteran status.