

**McAuliffe-Shepard  
Discovery Center**

explore  
**discover**

**Youth Volunteer  
Application**

**be inspired**



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2 Institute Drive, Concord, New Hampshire 03301 • 603.271.7827

Name of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age 16 \_\_\_\_\_ Age 17 \_\_\_\_\_ (If you are 18 or older, please fill out the [Adult Application](#).)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ \*Email \_\_\_\_\_

Current School \_\_\_\_\_ Grade Level \_\_\_\_\_

Yes, please put me on your email mailing list. \*Your email address will **not** be shared with outside companies.

**Check** all that apply and **star** those that you prefer.

I would like to work:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> with the public | <input type="checkbox"/> with children | <input type="checkbox"/> special events | <input type="checkbox"/> behind the scenes |
| <input type="checkbox"/> weekdays        | <input type="checkbox"/> weekends      | <input type="checkbox"/> evenings       | <input type="checkbox"/> Aerospacefest     |

What volunteer services are you interested in? **Check** all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Demonstrations to schools            | <input type="checkbox"/> Demonstrations to public                 |
| <input type="checkbox"/> Assisting with educational workshops | <input type="checkbox"/> Giving planetarium shows (with training) |
| <input type="checkbox"/> Special projects                     | <input type="checkbox"/> Special events                           |
| <input type="checkbox"/> Assisting in the Science Store       | <input type="checkbox"/> Telephone and office work                |
| <input type="checkbox"/> Computer assistance/data entry       | <input type="checkbox"/> Customer service/greeting guests         |

What days and hours are you available?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9 AM-1 PM							
1 PM-5 PM							
6:30-9 PM	X	X	X	X		X	X

Total hours you want to volunteer \_\_\_\_\_ When can you start? \_\_\_\_\_

Why do you want to volunteer at the McAuliffe-Shepard Discovery Center? \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Where did you hear about our Volunteer Opportunities? (i.e., website, newspaper, friend, etc.) \_\_\_\_\_

Is there anything else you would like to tell us about yourself that will help us in placing you in the appropriate volunteer position? \_\_\_\_\_

Are you volunteering to fulfill a requirement? \_\_\_\_\_

If yes, please list the name and phone number of the service coordinator at your school:

List two persons, who are not relatives, who would be happy to give a reference on your behalf.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Thank you for considering the McAuliffe-Shepard Discovery Center! After your application has been received and your skills and availability match the current needs of the Discovery Center, we will contact you to discuss the Volunteer program.

**Volunteer Statement**

I certify that the information that I have provided is true and correct to the best of my knowledge. I understand that any false or misleading statements on my application may result in refusal of my volunteer service, regardless of when discovered. I, the undersigned, authorize any agent of the McAuliffe-Shepard Discovery Center to obtain information regarding my volunteer experience or personal reference in connection with my application for volunteer service. Such information will be held in confidence in accordance with agency guidelines.

I acknowledge that I offer my services as a volunteer and have no expectation of payment, monetary or otherwise, for those services.

I agree to abide by the policies of the McAuliffe-Shepard Discovery Center. I understand that if I do not abide by the McAuliffe-Shepard Discovery Center policies, rules and regulations, I may be dismissed from my position as a volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parental Consent**

I (We) have read through my (our) son/daughter's information for the volunteer program at McAuliffe-Shepard Discovery Center. I (We) understand that arrangements for transportation must be made between my son/daughter and myself except in the case of an emergency. I (We) approve of my son/daughter working as long as he/she chooses during the hours already indicated. I understand that a background check will be done on my son/daughter, and that my son/daughter's name will be listed as a volunteer on the Discovery Center's website. (At least one parent signature is required.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

