Sci-Quest
Hands-on Science Center

Volunteer Application

Name_____ Today's Date_____

Address_____

Phone_____ _____ _____
(Home) (Work) (Cell)

Email_____Birthday (day/month)_____

Are you a Sci-Quest member? Yes_____ No_____

Please indicate times and days you are available to volunteer

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	PM

Please check areas that interest you:

Science Shop	Education	Special Events	Facility Rentals	Exhibit/Facility Maintenance	Administrative	Sci-Guide

How did you find out about our volunteer opportunities?_____
_____
_____

Please list any skills you have that may be helpful in volunteering at Sci-Quest.
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_____

Please list at least 3 people, non-relatives, along with a contact phone number to be contacted as references.

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