



# Volunteers In Promoting Science

## Gateway to Science Volunteer Program

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### Personal Information

Mr./Mrs./Ms/Dr. (please circle)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(Street, City, State, Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

(Street, City, State, Zip)

Work Phone: \_\_\_\_\_

If you are between the ages of 13 and 17, you will need your parent to sign this form, giving you permission to be a volunteer at Gateway to Science.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Please indicate areas in which you are interested in volunteering:

- |                            |                            |
|----------------------------|----------------------------|
| _____ Center Guides        | _____ Educational Programs |
| _____ Exhibit Maintenance  | _____ Events Coordinating  |
| _____ Exhibit Construction | _____ Public Relations     |
| _____ Fundraising          | _____ Other                |

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### Background Check:

Because we are responsible for the safety of the students, parents, and staff we request that you sign the following:

- Gateway to Science has my authorization to thoroughly investigate my work and personal history that is related to the volunteer position.
- I have not been arrested, charged, and/or convicted of one or more of the offenses listed below:
  - All pending and prior criminal arrest and charges related to child sexual abuse
  - Convictions related to other forms of child abuse and/or neglect
  - All convictions of violent felonies

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

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**Thank you** for your participation in **Volunteers In Promoting Science**.

Your involvement can really make a significant difference in the lives of our students and the quality of our educational programs.