



# Volunteers In Promoting Science

## Gateway to Science Volunteer Program

# Application

---

### Personal Information

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

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

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

(Street, City, State, Zip)

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

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

Employer or School Name: \_\_\_\_\_

---

Why do you want to volunteer at Gateway to Science? \_\_\_\_\_

\_\_\_\_\_

What do you envision yourself doing at Gateway to Science? \_\_\_\_\_

\_\_\_\_\_

Please indicate areas in which you are interested in volunteering:

Gallery Docent       Educational Programs       Public Relations  
 Exhibit Maintenance       Special Events       Exhibit Construction  
 Fundraising       Other

**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: \_\_\_\_\_

**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: \_\_\_\_\_

---

**Thank you** for your participation in **Volunteers In Promoting Science**.  
Your involvement makes a significant difference in the lives of students and the quality of our programs.