



Volunteers In Promoting Science

Gateway to Science Volunteer Program

Date	
First Name	Last Name
Mailing Address	City State Zip
Home Phone	Work/Cell Phone
Email	Emergency Contact & Phone #
Best Way to Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Both	Your Age Range: <input type="checkbox"/> 12-16 <input type="checkbox"/> 17-49 <input type="checkbox"/> 50+
Your Employer/School	

Why do you want to volunteer at Gateway to Science? _____

Do you have previous volunteer experience? _____

Please indicate areas in which you are interested in volunteering:

- Gallery Docent Educational Programs Fundraising Events Exhibit Development
 Quarterly STEM Events Jr. Helper (ages 12-16) Other _____

At what times are you available for volunteering?

- Prefer weekdays Prefer weekends Prefer days Prefer evenings
 Other _____

Do you have any physical limitations to your ability to perform certain types of work? Yes No

If yes, please explain: _____

Background Verification

Have you ever been convicted of a criminal offense? Yes No

Have you ever been charged with neglect, abuse or assault? Yes No

Agreement Section

I certify to the best of my knowledge, that all information given by me/applicant in this application and in any other forms I/ applicant complete during the application process is true and correct. I understand that false or misleading statements made by me/applicant or consequential omissions of any kind in the application process, are sufficient cause for not being accepted as a volunteer or for being dismissed if I/applicant am already a volunteer no matter when discovered.

I authorize Gateway to Science to investigate all of the information contained in this application. Any persons or organizations named are authorized to provide information regarding my/applicant's employment, volunteer history, character, and qualification and they are hereby released from all liability for providing such information.

Signature: _____ **Date:** _____

If you are between the ages of 12 and 17, you will need your parent/guardian to sign this form, giving you permission to be a volunteer at Gateway to Science.

Parent/Guardian Signature: _____ **Date:** _____

Submit Volunteer Application to: Gateway to Science - 1810 Schafer Street, Suite 1 - Bismarck, ND 58501