



VOLUNTEER APPLICATION

Thank you for your interest in becoming a volunteer with SciWorks.

Please leave the completed application with a front desk employee or mail your forms to SciWorks, 400 West Hanes Mill Road, Winston-Salem, NC 27105, Attention: Patty. If you have any questions please contact Patty Langston, Volunteer Coordinator, at (336) 714-7114 or plangston@sciworks.org.

Date: ____/____/____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Business Phone #: _____ Cell Phone #: _____

E-mail Address: _____ Do you check email regularly? **Y / N**

Birth Date: ____/____/____ Age (if under 18): _____
Month Day Year

***Youth volunteers must be at least 13 years of age and have completed the 7th grade.**

Special skills, hobbies, interests: _____

Why would you like to volunteer with SciWorks? _____

What days and times are you available to volunteer? (SciWorks is closed evenings & Sundays)

Please list one reference (personal, workplace, church or service group)

Name: _____ Phone #: _____ Relationship: _____

Brief Job Descriptions for Volunteers

Please check the areas where you are most interested in volunteering. Upon receiving your application, the Volunteer Coordinator will set up an appointment with you to discuss in detail, the duties involved in your area(s) of interest. You will receive training in your area.

Not all areas may have openings.

- Education/Administration**—Help staff prepare materials (photocopy, cut, fold, staple, etc...) for classes mailings, filing and camps.
- Science Demonstration Assistant**—Help visitors learn more about the interactive exhibits, use science demonstration carts and educational trunks throughout the museum and assist educators. Volunteers seeking this position must have a strong background in science and be comfortable presenting to the public. This volunteer opportunity requires a weekly to bimonthly commitment.
- Second Saturday Science**—Assist the educator with activities designed for families on the 2nd Saturday of each month.
- Special Events**—Help educators and staff with various special events throughout the year. Assist with decorations, food, crafts, etc.
- BioWorks***—Assist staff with the maintenance of program animals, clean cages, clean holding areas, feed the animals, etc. Help with marine aquaria by cleaning tanks and filters and assisting with regular water changes. This volunteer opportunity requires a weekly to bimonthly commitment.
- Environmental Park***—Help with the maintenance of the park and barnyard area, including feeding animals and cleaning and grooming. Volunteers work rain or shine. This volunteer opportunity requires a weekly to bimonthly commitment.
- Garden***—Spread mulch, weed, water and clear invasive species in the environmental park.
- Planetarium***—Help with the set-up of programs, presentation of programs and maintenance of equipment in the planetarium. Assist with presentation of laser demonstrations. Volunteers seeking this position must have a strong background in astronomy and be comfortable presenting to the public. This volunteer opportunity requires a weekly to bimonthly commitment.
- Summer Camp**—Help with SciCamp during June, July and August. Assist teachers with activities, crafts, games, snack, set-up and clean-up, etc. Volunteers helping with SciCamp must be available Monday-Friday of the week(s) they are scheduled to volunteer. Youth volunteers may help with 1-2 weeks of camp each summer. Volunteer placement for SciCamp begins in early May.

***These positions are often filled quickly and rarely have openings. We do try to be accommodating if possible.**



**VOLUNTEER
MEDICAL RELEASE
AND
EMERGENCY AUTHORIZATION**

Volunteer's Name _____

Address _____
Street City State Zip

Telephone _____ **Birth Date** _____ **Age (if under 18)** _____

In consideration for the Volunteer's right to participate in the Volunteer Program of SciWorks, The Science Center and Environmental Park of Forsyth County (hereafter "SciWorks"), the Undersigned hereby:

- (I) Assumes all responsibility for medical treatment and insurance to cover any injury or illness occurring to Volunteer while volunteering for SciWorks, and
- (II) Holds SciWorks harmless from any and all liability, actions, causes of action, debts, claims, and demands of every kind and nature whatsoever, which arise from or in connection with volunteer activities of Volunteer, and
- (III) Voluntarily assumes all risks which the Volunteer may take in participating in the SciWorks Volunteer Program.

The Undersigned understands that the Volunteer is covered by SciWorks' liability insurance, but not by health insurance, accident insurance, life insurance, workman's compensation, or social security through the Center. The Undersigned and Volunteer further understand that if a staff supervisor request the Volunteer to perform a task that exceeds the Volunteer's physical capabilities, the volunteer is responsible for declining that task.

Physical limitations preventing the Volunteer from performing certain kinds of work are as follows:



In case of emergency, the undersigned requests that SciWorks notify:

| | |
|---------------------------------|----------------------------------|
| Name | Relationship to Volunteer |
| Weekday Telephone Number | Weekend Telephone Number |

In the event that reasonable attempts to contact the above are unsuccessful, the Undersigned hereby gives consent for the administration of any treatment deemed necessary by the following designated practitioner: _____ at telephone number _____.

In the event that the designated practitioner is not available, the Undersigned gives consent for the administration of any treatment deemed necessary by an alternate physician and the transfer of the Volunteer to _____ (preferred hospital), or any other hospital reasonably accessible.

Such consent does not cover major surgery unless the medical opinion of two other licensed physicians, concurring in the necessity of such surgery, are obtained before the surgery is performed.

Facts, concerning medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted are as follows.

The Volunteer is covered by personal health and accidental injury insurance as indicated below:

| | |
|----------------------------------|----------------------|
| Name of Insurance Company | Policy Number |
|----------------------------------|----------------------|

As used herein, SciWorks includes all facilities whether indoor or outdoor, all exhibits, and all visitors, agents, employees, directors, members, volunteers, and sponsors. As used herein, the Undersigned is the Volunteer, or if the Volunteer is less than eighteen years old, then the Undersigned is the parent or guardian of the Volunteer.

| | |
|----------------------------|-------------|
| Volunteer Signature | Date |
|----------------------------|-------------|

_____ has my permission to participate in the SciWorks Volunteer Program. I understand that my child is expected to behave maturely and to follow the Museum guidelines.

| | |
|-------------------------------------|-------------|
| Parent of Guardian Signature | Date |
|-------------------------------------|-------------|

(SciWorks medical release form —2 of 2)