



VOLUNTEER APPLICATION

Date Received: _____

Last Name: _____ First Name: _____

Home Address: _____

_____ Postal Code: _____

Phone Number: Home _____ Business _____

E-mail: _____

Who would you like us to contact in case of an emergency?

Name: _____ Phone Number: (H) _____
 (W) _____

Education: *Formal Education is not required to be a volunteer. We welcome experience of all kinds.*

| School/Training Institution | Course of Study | From | To | Status (degree, diploma or certificate, complete/ongoing) |
|-----------------------------|-----------------|------|----|---|
| | | | | |
| | | | | |
| | | | | |

Employment History

| Company Name/Employer | Your Job Title | From | To | Status (full/part-time, casual) |
|-----------------------|----------------|------|----|---------------------------------|
| | | | | |
| | | | | |
| | | | | |

Present Employment Status:

Working Full-time _____ Working Part-time _____ Retired _____ Student _____
 Not employed _____

Your Volunteer Work

| Organization | Your Placement | From | To | Reason for Leaving |
|--------------|----------------|------|----|--------------------|
| | | | | |
| | | | | |
| | | | | |

Check (✓) what type of volunteer positions interest you:

- Clerical Education Materials Preparation
 Exhibit Refurbishing Volunteer Management Other (specify) _____
 Public Programming Special Events _____

Check if you have a preferred time period that you are available to volunteer, or indicate flexible.

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Flexible | | | | | | | |

Length of Service Offered: 3 months ___ 6 months ___ More than 6 months ___
 Don't know for sure ___

How often would you like to volunteer?

- 1 shift every 2 weeks 1 shift/week 2-3 shifts/week

Commitment

I hereby authorize Science East to follow up on all information disclosed in this application and subsequent interview, and to complete appropriate screening checks. I agree to provide references on request.

Signature _____ Date _____

Completed applications can be returned in person or by mail to:

Science East
 668 Brunswick Street
 Fredericton, NB. E3B 1H6
 (Ph): 457-2340.

Note: High school and middle school students are required to have a parent complete and sign the section below.

Parental Consent (required for students of high school and middle school age)

I give _____ my consent to work as a volunteer at Science East.

Signature _____ Date _____