



Volunteer Application (pg 2 of 3)

Special Skills or Qualifications

Summarize skills and qualifications you have acquired from employment, previous volunteer work or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Interests

Tell us in which areas you are interested in volunteering

- | | |
|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Education / Planetarium |
| <input type="checkbox"/> Events | <input type="checkbox"/> Facilities / Maintenance |
| <input type="checkbox"/> Gallery Docent | <input type="checkbox"/> Exhibits |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Birthday Parties |
| <input type="checkbox"/> Deliveries | <input type="checkbox"/> Marketing |

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

4450 Park Avenue • Bridgeport, CT 06604 • 203.372.3521 • www.discoverymuseum.org

*The Discovery Museum, Inc. is designated by the Internal Revenue Service (IRS)
as tax-exempt as defined in section 501(c)(3) of the IRS code.*

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Emergency Contact Information

Name / Relationship	
Street Address	
City, State, Zip Code	
Home Phone	
Cell Phone	
E-mail Address	

Volunteer Requirements

- All applicants must be at least sixteen (16) years of age at time of submitting application.
- All applicants must successfully complete orientation training with a Discovery team member. Ongoing training may be needed and may consist of science workshops, learning new exhibit material, public speaking skills, among others.
- All applicants must be willing and able to speak to guests and lead educational talks at assigned areas.
- All applicants must be willing and able to work with children of varying ages, as well as adults.
- All applicants must submit a signed Confidentiality Agreement, along with the Volunteer Application.

Agreement and Signature

By signing this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

 Name (printed)

 Signature

 Date