



VOLUNTEER APPLICATION

PERSONAL INFORMATION	
Name:	Phone Number:
Address:	E-mail:
ADDITIONAL INFORMATION	
What interests you most about volunteering for Discovery Lab?	
List relevant educational/professional experience, special skills, certifications, languages, etc.	
Are you applying as an individual or a group?	
Please list group members names and ages:	
What position(s) interest you? <input type="checkbox"/> Docent <input type="checkbox"/> Special Event Volunteer <input type="checkbox"/> Exhibit Change-Out Volunteer	
What is your availability?	
Do you require a specific amount of hours?	
REFERENCES (NON-RELATIVE)	
Name:	Phone Number:
Relationship:	E-mail:
CONSENT (IF 17 YEARS OLD OR YOUNGER)	
Parent/Guardian Name:	Phone Number:
Signature:	Date:

Applications may be sent to volunteer@discoverylab.org or Fax to 918-551-6564