



To inspire children, connect families, and build community thorugh exploration, exhibits, programming, and play.

Volunteer Application

Personal Information			Please print c	early.			
Name:							
First Name		Last Name	!				
Address:				Cit	h. C4-	-4-	7:
	dress	0-11.5	N	Cit	•	ate	Zip
Home Phone:		Cell P	Phone:				
Email:							
Are you 18 years of age or older?	Yes	No					
In the Museum	Voluntee	er in the museu	ım exhibit halls	/WorkShop	to provide sup	port to the e	ducation team.
Behind the Scenes	Voluntee	er behind the so	cenes prepari	ng programn	ning materials,	, taping tunn	els, or administrative w
Special Events	Voluntee	er at select spe	cial events at	the museum	1.		
Other	Please \$	Specify					
Volunteer Time Available:	Morning		Afternoon_		Evenin	g	Weekend
Days Available (Check all that ap	ply) Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Have you previously volunteered	at Discover	y Lab? Yes	No	If yes,	for what progr	ams and wh	en?
Can you perform the essential vol	unteer functi	ons, with or wit	thout reasonal	le accomad	ations? Yes	No	
Emergency Contact Info	rmation						
Name:							
Firs	t Name		N	II Last	Name		Relationship
Homo Dhono:		Work Phor	ne:		Ce	ell Phone:	

Applicant Commitment

By signing this application I agree to serve as a volunteer and to commit to the following:

- To perform my volunteer duties to the best of my ability
- · To adhere to Discovery Lab's rules and procedures, including record-keeping requirements and dress code
- · To meet time, duty commitment and to provide adequate notice in my abscence so that alternate arrangements can be made
- . To act at all times as a member of the team responsible for furthering the mission of Discovery Lab
- I do hereby release Discovery Lab, its agents and representatives from any liability and responsibility that may arise in connection with my volunteer duties

Signature:	Date:
Parent or Guardian Signature:	Date:
Liability Release	
INSTRUCTIONS: You must be 14 years or older to volunteer. If you	u are <u>under 18 years old,</u> a parent or legal guardian must also sign thi
waiver.	
Please read carefully and print your information in the blanks below:	
I, (your name)	hools, or persons named above to release any information they may be sons from all claims of liability for issuing such information. I to me, I may be required to submit to a background investigation. confidential, but will be shared with me upon my request. Further, iod and may be terminated at any time by me or Discovery Lab compensated for my volunteerism at Discovery Lab. E TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I
Signature:	Date:
Parent or Guardian Signature:	Date:

Please submit completed application to:
Discovery Lab Attn: HR & Volunteer Manager, 560 N. Maybelle Ave.
Tulsa, OK 74127. Tel: (918) 295-8144, ext. 7715 Fax: (918) 551-6564
Email: volunteer@discoverylab.org