

The Discovery Center

Volunteer Application

Date _____

Name _____

Address _____ City _____ Zip _____

Phone (day) _____ (evening) _____

Email _____

Age (if under 18 years of age) _____

School (if appropriate) _____ Type _____

Emergency Contact _____ Phone _____

Times Available:

Week Days _____

Week Ends _____

Evenings _____

References: (name/phone number)

Type of volunteer experiences in the past:

The Discovery Center

Volunteer Emergency Form (Volunteers under 18 years of age)

Name _____

Address _____

City _____ Zip _____

*Should it become necessary for my child to have emergency medical treatment and I cannot be contacted for consent, I hereby authorize **The Discovery Center** personnel to use their judgment in obtaining emergency medical services for my child. I further authorize any individual selected by **The Discovery Center** personnel to render such emergency medical treatment to my child, as she may deem necessary and appropriate. I understand **The Discovery Center** holds no responsibility for any and all medical or hospital expenses that might be incurred on behalf of my child. Consequently, I understand that any and all such costs shall be my sole responsibility.*

Date _____

Parent or Guardian Name _____

Signature _____

Emergency Phone _____

Any other information regarding medications or conditions: