

Student Volunteer Application

Name: _____ Birthday: Month ____ Day ____ Year ____

Address: _____

Daytime Phone: _____ Evening Phone: _____

E-Mail: _____ My computer has MS Excel? _____

School: _____ Grade: _____

Name of Parent(s) or Legal Guardian: _____

In case of an emergency notify: _____

Contact Phone: _____

Doctor (Name and Phone): _____

Physical limitations or medical conditions: _____

Previous volunteer experience: _____

How many hours are you available to volunteer per month? When?

_____ Days _____ After school/evenings _____ Weekends

Can you make a commitment to this volunteer role? _____ 6 months _____ 1 year

Do you have your own transportation? Yes No Other: _____

Do you have a valid driver's license? Yes No Other: _____

I would like to receive my schedule by: (circle one) E-MAIL SNAIL MAIL

Additional Information Required

Please attach to this application: 1. Letter of reference from a non-relative.

2. Paragraph written in your own handwriting explaining why you want to be a KidSenses Volunteer.

To be completed by your school: _____ Student has Average/Above-Average Grades

_____ Student has a satisfactory attendance record

_____ Student has a satisfactory behavior record

The school ____ does / ____ does not recommend this student as a teen volunteer.

Comments: _____

Signature of Principal or Teacher Date

Applicant's Signature Date

Parent/Guardian Signature Date

*Return to Gale Bischoff, Operations Coordinator, KidSenses Children's InterACTIVE Museum,
PO Box 150, Rutherfordton, North Carolina 28139. Should you need more information, please
email Gale@kidsenses.org*