



112 West Foster Avenue, Suite 1
 State College, PA 16801
 (814) 234-0200
 www.mydiscoveryspace.org
 Email: info@mydiscoveryspace.org

Volunteer Application

Please complete form and mail or email to address above or bring it to Discovery Space during open hours.

PERSONAL

Name _____ Date: _____
 Nickname: _____ Date of birth if under 18: _____
 Local Address: _____
 Preferred Phone: _____ Email: _____

EMERGENCY CONTACT

Name: _____ Phone: _____

EMPLOYMENT

Student (Grad. Date: _____) Employed Not currently employed Retired RSVP member
 Occupation: _____ Employer: _____

VOLUNTEER AVAILABILITY

DSCP is not open 7 days a week to the public; however, we may have group bookings or events.
 Regular hours of operation are Wednesday through Saturday 10am-5pm; Sunday 12pm-5pm

Please include your available times for each day:

SUN	MON	TUES	WED	THUR	FRI	SAT
Comments on availability:						

AREAS OF INTEREST (please check any that may be of interest to you)

Administration: Office Reception Grant Writing Marketing Janitorial

Science/Programs:

Program Development In-House Activities Facilitation Outreach Activities Facilitation
 Exhibit Facilitator Birthday Parties Special Events

Exhibits: Development/Design Construction/Maintenance

Other _____

SKILLS

- | | | |
|--|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Photography | <input type="checkbox"/> Writing Curriculum |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Writing/Editing | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Databases | <input type="checkbox"/> Video Production | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Teaching—PreK to K | <input type="checkbox"/> CPR / First Aid |
| <input type="checkbox"/> Illustration | <input type="checkbox"/> Teaching—Elementary | <input type="checkbox"/> Other: _____ |

Please complete reverse side of form

DISCLOSURE

Have you been convicted of a felony within the last 5 years? Yes No

If yes, please provide details: _____

BACKGROUND CHECK REQUEST (for applicants 18 years of age and older)

Discovery Space of Central Pennsylvania is dedicated to providing our guests with a fun and safe environment. In order to meet this goal, we require volunteers in specific positions to submit to a background check. The fee for the volunteer background check is \$20, and must be paid by applicant upon request. If you feel you cannot pay this fee, please contact our Volunteer Coordinator for payment options. Volunteer positions require approval before a background check is initiated. A full refund will be granted if no suitable positions are available. After your application is received, you will be notified whether or not you need to agree to a background check.

INTELLECTUAL PROPERTY

I understand that in the course of volunteering, I may participate in or create intellectual property on behalf of Discovery Space of Central Pennsylvania. I understand that all such property, and all rights to its use, belongs exclusively to Discovery Space. I shall exercise due diligence in ascertaining the ownership of any non-museum intellectual property prior to its use by Discovery Space, and shall work with appropriate museum personnel to protect Discovery Space intellectual property.

RELEASE FROM LIABILITY

I hereby grant Discovery Space of Central Pennsylvania my irrevocable permission, without compensation, to photograph, film or record me, or my child(ren). All copies of photographs, video, or recordings taken under this agreement shall constitute the sole property of Discovery Space of Central Pennsylvania, which has my permission to edit, alter, reproduce, distribute or use the images in any medium whatsoever, including, but not limited to, print and electronic promotional materials, news releases, website. I further consent that my name(s) may be revealed therein or by descriptive text or commentary.

I hereby release Discovery Space of Central Pennsylvania, its Board of Directors, staff, representatives, agents, successors and assigns, from any and all actions and claims which I, my family members, heirs, executors or administrators may have arising by reason of this authorization.

SIGNATURE AND VERIFICATION

I certify that the information provided in this volunteer application is true and correct, and that I have read and understood this application. I freely and voluntarily agree to all of the conditions and responsibilities listed herein both for myself and on behalf of any minor children listed below.

Signature: _____ Date: _____

Printed Name: _____

For subject(s) under 18 years of age, consent must be given below by parent or guardian:

I represent that I, as parent or guardian of child(ren) listed above who is/are under 18 years of age, have the right, capacity and authority to enter into this agreement.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Discovery Space of Central Pennsylvania is a registered 501(c)(3) organization. The official registration and financial information of Discovery Space of Central Pennsylvania may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1 (800) 732-0999. Registration does not imply endorsement.