

Marine Science Center



Volunteer Application

All fields are required

NAME: _____ EMAIL: _____

ADDRESS: _____ CITY: _____

PHONE: _____ I AM A US CITIZEN: YES _____ NO _____

I AM 18 YEARS OF AGE OR OLDER: YES _____ NO _____

PROFESSIONAL OR VOLUNTEER EXPERIENCE/SPECIAL EDUCATION:

CURRENT OCCUPATION: _____

WHAT WOULD YOU LIKE TO GET OUT OF YOUR VOLUNTEER EXPERIENCE?

HOW DID YOU HEAR ABOUT VOLUNTEERING AT THE MARINE SCIENCE CENTER?

WHAT IS YOUR FIRST CHOICE OF DEPARTMENTS?

AQUARIUM _____ BIRD HOSPITAL _____ EDUCATION _____ GIFT SHOP _____ TURTLE HOSPITAL _____

WHAT IS YOUR SECOND CHOICE OF DEPARTMENTS?

AQUARIUM _____ BIRD HOSPITAL _____ EDUCATION _____ GIFT SHOP _____ TURTLE HOSPITAL _____

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME: _____ EC PHONE _____

PLEASE LIST ANY HEALTH CONCERNS OR ACCOMODATIONS WE SHOULD BE AWARE OF WHILE VOLUNTEERING WITH US: _____

I HAVE REVIEWED THE REQUIREMENTS NECESSARY FOR VOLUNTEERING IN THE DEPARTMENTS OF MY CHOICE:

YES _____ NO _____

I AM WILLING TO COMMIT TO THE REQUIREMENTS NECESSARY FOR THE DEPARTMENTS OF MY CHOICE: YES _____ NO _____

WHAT IS YOUR ANTICIPATED DURATION OF VOLUNTEER SERVICE COMMITMENT: _____

COMPLETED FOR SHOULD BE EMAILED TO: **STEPHANIE HARRIS, MSC VOLUNTEER COORDINATOR**

100 lighthouse Drive

Ponce Inlet, FL 32127

Phone: (386) 304-5548

Email: mscvolunteer@volusia.org

