

# Marine Science Center

## Volunteer Application

All fields are required



Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
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?

What would make you feel like this has been a successful volunteer experience?

How did you hear about volunteering at the Marine Science Center?

What is your first choice of Departments?

\*Note: All Education volunteers will receive a Level II Background search.

What is your second choice of Departments?

### Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_

Please list any health concerns or accommodations we should be aware of while volunteering with us:

I have reviewed the requirements necessary for volunteering in the department(s) of my choice: Yes No

I am willing to commit to the requirements necessary for the department(s) of my choice. Yes No

Select the anticipated duration of volunteer service commitment:

By checking "Yes" below, I certify that the information supplied is complete. By checking "Yes" below, I understand that I am participating in programs that may include certain risks. I acknowledge that the Marine Science Center will conduct a necessary background check on me and that by checking "Yes" below grants permission for them to do so. Yes

\* Save this form as "Your\_Name" then submit it to:  
Stephanie Harris, MSC Volunteer Coordinator  
100 Lighthouse Drive  
Ponce Inlet, FL 32127  
Fax (386) 304-5548  
Email [mscvolunteer@volusia.org](mailto:mscvolunteer@volusia.org)