

Marine Science Center

Volunteer Application

All fields are required



Name: _____ Email: _____
Address: _____ 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 email it to MSCVolunteer@volusia.org when completed.