Volunteer Opportunities

Each year, the Mosby Science Museum opens its doors to more than 800,000 guests from around the world. We couldn’t do it without you! If you enjoy helping others or giving your time and talents to a worthwhile cause, if you want to brush up on your job skills or gain work experience, or if you simply like having fun with science, please consider joining us as a volunteer.

| **Information desk staff.** Provide guests with information about the museum and answer questions. (adults) |
| **Tour guide.** Give tours to school groups and other groups on request. Staff galleries, take tickets, and answer questions. (adults) |
| **Usher.** Take tickets and escort guests into and out of OMNIMAX and planetarium shows. (age 14 up) |
| **Demonstrator.** Make a volcano, clean fossils, and conduct other science experiments and activities. Help guests explore our bat cave, World War II submarine, ice cavern, and other exhibits; answer questions. (age 14 up) |
| **Special events staff.** Provide support at exhibit openings and other special events. Greet guests, give out programs, and work crowd control. (age 14 up) |
| **Camp/class staff.** Help supervise and assist with educational activities in camps, sleepovers, and classes. (age 14 up) |

**Benefits**
- Free admission to the museum and OMNIMAX shows
- Free parking
- Discounts in the museum shop and cafeteria

**Qualifications**
- An interest and/or background in science
- A friendly, outgoing manner
- Good oral communication skills

No experience is necessary; the museum will provide training.

**Commitment**
- We ask that volunteers commit to work at least two 3.5-hour shifts per week for six months (one shift per week for youth volunteers).
- Volunteers will need to complete three to five Saturday training sessions.

If you would like to volunteer at the Mosby Science Museum, please complete an application form and mail it to Linda Watson, Volunteer Coordinator, or bring it to the museum. Applicants age 18 and under must include a letter of reference and a Parent/Guardian Permission Form with their application. If you have any questions, contact the Volunteer Services office at 555-0126, extension 24, or at volunteer@mosbysci.org. The office will call you to schedule an interview. Thank you for your interest in the Mosby Science Museum.
Youth Volunteer Application Form

Name: ___________________________________________ Age: _______

Street Address: ____________________________________________________________

City: ____________________________________ State: _______ ZIP: ______________

Telephone: ___________________________ E-mail address: _________________________

What school do you attend? ___________________________________________________

Please describe any jobs you have held, paid or unpaid. _____________________________

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Please list any hobbies, skills, special interests, activities, and honors. __________________

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Why do you want to volunteer at the Science Museum? __________________________________

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What do you want to do at the museum? Please list the volunteer opportunities that interest you, in order of preference. ________________________________________________

____________________________________________________________________________
____________________________________________________________________________

The application continues on page 3.
What hours would you like to work? Check all that apply.

**June-August**

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**September-May**

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If I am accepted as a volunteer at the Mosby Science Museum, I agree to follow the museum’s rules and to complete three to five Saturday training sessions as needed.

____________________________________________  ______________________________
Applicant’s Signature  Date
Parent/Guardian Permission Form

My child, _________________________________, has my permission to serve as a volunteer at the Mosby Science Museum. I understand that my child will work not more than two shifts per week during the school year and that the Volunteer Coordinator will review hours with me and my child before setting them.

Parent/Guardian Information

Parent or Guardian Name: _______________________________________________________

Street Address: ________________________________________________________________

City: __________________________ State: ________ ZIP: __________________________

Telephone (home): ________________________ Telephone (work): ______________________

Cell phone: ______________________________

Medical Information

Please list any allergies, medical restrictions, or other pertinent medical information:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Emergency Contact Information

Please provide the name of a relative or family friend not living with you.

Name: __________________________ Relationship to you: __________________________

Street Address: ________________________________________________________________

City: __________________________ State: ________ ZIP: __________________________

Telephone (home): ________________________ Telephone (work): ______________________

Cell phone: ______________________________

______________________________________  __________________________
Parent or Guardian Signature              Date