

**VOLUNTEER APPLICATION FOR  
THE NATIONAL SCIENCE CENTER'S FORT DISCOVERY**

**INSTRUCTIONS:** Print this form and fill in the blanks in the areas indicated below. You may then submit your form using either of the following methods:

**FAX:** If you are using a cover sheet, address it to **Kathy Thibault, Room 153**. FAX# is (706) 821-0250.

**Mail:** You may mail your completed form to:  
National Science Center's Fort Discovery

**ATTN: Kathy Thibault**  
One 7<sup>th</sup> Street  
Augusta, GA 30901

<b>Name:</b>	<b>Last:</b>	<b>First:</b>	<b>Middle:</b>
<b>Home Address:</b> <i>(Street, P.O., etc.)</i>			
<b>Home Address:</b> <i>(City, State, Zipcode)</i>			
<b>Home Phone Number:</b>		(    )	
<b>Social Security Number</b> – <i>(Optional)</i>			
<b>Name used, if different than above</b>			
<b>Date of Birth:</b> <i>(Month &amp; Day)</i>			
<b>Current Employer:</b>			
<b>Employer's Phone Number:</b>		(    )	
<b>List any skills you would like to offer:</b>			
<b>Background:</b>			
<b>Previous Volunteer Experience:</b>			
<b>I prefer to volunteer on:</b> <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Both			

**Areas of Interest to you:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Bus Greeter                       | <input type="checkbox"/> Greeter            | <input type="checkbox"/> Planetarium Assistant   | <input type="checkbox"/> Maintenance             |
| <input type="checkbox"/> Camp-In Aide                      | <input type="checkbox"/> Explainer          | <input type="checkbox"/> Science Demonstrator    | <input type="checkbox"/> Summer Camps            |
| <input type="checkbox"/> Clerical Assistant                | <input type="checkbox"/> IT Assistant       | <input type="checkbox"/> Science Store Clerk     | <input type="checkbox"/> Special Events          |
| <input type="checkbox"/> Exhibit Technician /<br>Developer | <input type="checkbox"/> Kidscape Assistant | <input type="checkbox"/> Science To Go Assistant | <input type="checkbox"/> Teacher Resource Center |

**REFERENCES**

Please list 2 references qualified to answer questions about your character and your qualifications. (Not spouses or parents)

NAME	ADDRESS	DAY PHONE #
		(    )
		(    )
NAME, ADDRESS, PHONE # OF EMERGENCY CONTACT		
NAME	ADDRESS	DAY PHONE #
		(    )

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_