

2019 Winter Camp Junior Counselor Application

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Parent/Guardian Names: _____

Parent Phone Numbers: _____ Parent Emails: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Student Cell Phone Number: _____

Date of Birth: ____ / ____ / ____ Student Email: _____

EDUCATIONAL BACKGROUND

Please circle your grade in school: **9** **10** **11** **12** **Graduate**

School Name: _____ City: _____

VOLUNTEER EXPERIENCE

Please list your volunteer experience, starting with the most recent, if applicable.

Name of Organization: _____ Phone Number: _____

Contact: _____ Email: _____

Address: _____ City: _____ State: _____

Activities Performed: _____

Name of Organization: _____ Phone Number: _____

Contact: _____ Email: _____

Address: _____ City: _____ State: _____

Activities Performed: _____

Name of Organization: _____ Phone Number: _____

Contact: _____ Email: _____

Address: _____ City: _____ State: _____

Activities Performed: _____



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PREVIOUS SCI VOLUNTEER EXPERIENCE

Have you ever volunteered at the Science Center of Iowa? Please circle.

YES

NO

If yes, when and in what area did you volunteer? _____

REFERENCES

Please list two personal references not related to you that we may contact on your behalf:

Name: _____ Relationship: _____

Email: _____ Phone Number: _____

Name: _____ Relationship: _____

Email: _____ Phone Number: _____

TIME AVAILABILITY AND Grade PREFERENCE

Please rank the days #1-3 (**one** being the most preferred day, **three** the least) you are able to commit to being part of our program. Volunteers are required to commit to at least **TWO** days of camp. Shifts are from 8:30am- 4:30pm (you will get a lunch break) .

Thursday, December 26: Pk-1 _____ Thursday, December 26: Grades 2-4 _____ Thursday, December 26: Grades 5-8 _____

Friday, December 27: Pk-1 _____ Friday, December 27: Grades 2-4 _____ Friday, December 27: Grades 5-8 _____

Monday, December 30: Pk-1 _____ Monday, December 30: Grades 2-4 _____ Monday, December 30: Grades 5-8 _____

Tuesday, January 1: Pk-1 _____ Tuesday, January 1: Grades 2-4 _____ Tuesday, January 1: Grades 5-8 _____

I authorize the Science Center of Iowa to conduct a background check of my character in regard to criminal behavior, drug use or charges, sexual abuse or harassment, or other activities that may reflect upon the Science Center of Iowa.

I authorize my past and present employers, volunteer organizations and others with information regarding my work, my character and my volunteering experience to provide the Science Center of Iowa with all information requested and to cooperate fully with the inquiry of my qualifications. I also release those employers, references and other from all liability for providing information in good faith and without malice.

I understand that as a volunteer, I must conform to all rules and regulations of the Science Center of Iowa and that the relationship between me and the Science Center of Iowa may be terminated at any time by either party.

Applicants are considered without regard to race, gender, age, religion, nationality, political beliefs, sexual orientation or disability.

Applicant Signature

Date

Parent/Guardian Signature (if applicant is under 18)

Date



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GETTING TO KNOW YOU- PERSONAL DATA

1. Have you worked with or been responsible for children before? (Circle One)

YES

NO

If you answered yes- please explain below:

2. What grades are you most comfortable working with? (Circle all that apply)

Pre-k – 1st

2nd- 4th

5th- 8th

3. Please list any special interests you have:

Applications Due Date: November 30

Complete and return application to:

Volunteer Manager
volunteer@sciowa.org
Phone: 515-274-6868 ext. 295