



THE ROGER & GLORIA JONES
CHILDREN'S CENTER
FOR SCIENCE & TECHNOLOGY

Volunteer Application

Please complete and return to:
Doug Rutana
11 West Federal
Youngstown, OH 44503
330.744.5914 x104
volunteer@ohwowkids.org

CONTACT INFORMATION

NAME: (Last, First, Middle) _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
WORK PHONE: _____ CELL PHONE: _____
E-MAIL ADDRESS: _____

EMPLOYMENT AND EDUCATION INFORMATION

EMPLOYER: _____ TITLE: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____

HIGH SCHOOL: _____
UNDERGRADUATE SCHOOL _____ DEGREE: _____
GRADUATE SCHOOL: _____ DEGREE: _____
OTHER: _____

AVAILABILITY:

	M	T	W	TH	F	SAT	SUN
MORNING – 9 AM – 12 NOON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTERNOON – 12 NOON – 5:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEDNESDAY EVENING – 5 PM – 8 PM			<input type="checkbox"/>				

HAVE YOU EVER BEEN CONVICTED OF ANY LAW VIOLATION EXCEPT MINOR TRAFFIC VIOLATIONS? IF YES, PLEASE EXPLAIN: _____

EMERGENCY CONTACT PERSON AND PHONE: _____

RELEASE AND WAIVER

I hereby declare that the information provided by me in this application is true, correct and complete to the best of my knowledge.

I understand that I may be working with children or other Museum visitors, may operate equipment, climb stairs, and walk through exhibit halls. I may have access to secure areas. I agree to follow all instructions provided by Museum personnel regarding these activities. By submitting this application, I state that I am capable of performing these tasks and waive and release any claims I may have against the Museum, its trustees, employees, or volunteers, based on any injuries or damages that I may incur in the course of volunteering/interning.

I understand that as a volunteer, I agree to submit to the appropriate background checks required by the Museum. I authorize OH WOW! to verify any information I have provided by contacting former employers, educational institutions, and other appropriate sources. I understand that my volunteer service is at will and may be terminated with or without cause, at any time, at the Museum's discretion.

It is the policy of the organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

SIGNATURE: _____ DATE: _____

OH WOW! office use only

___ Background Check ___ References ___ Contact ___ Orientation