

4450 Park Avenue
 Bridgeport, CT 06604
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 eng@discoverymuseum.org



Volunteer Application (pg 1 of 1) Revised February 2016

Personal Information	
Name	
Street Address	
City, State, Zip Code	
Main Phone / Cell Phone	
Email Address	
Birth Date (MM/DD/YYYY)	Age
The Discovery Museum does not permit anyone under the age of 16 to volunteer.	

How did you hear about The Discovery Museum? _____

Current Employer or School _____

Current Occupation or Course of Study _____

Are you looking to fulfill community service hours? (Circle one) Yes No

If yes, (Circle one) Court Ordered School Requirement Other

Number of hours to fulfill _____ *If court-ordered, please fill out additional application.*

Availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
During which hours are you available for volunteer assignments?							
Morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afternoon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Interests	
Tell us in which areas you are interested in volunteering	
<input type="checkbox"/> Administration	<input type="checkbox"/> Education / Planetarium
<input type="checkbox"/> Events	<input type="checkbox"/> Facilities / Maintenance
<input type="checkbox"/> Gallery Docent	<input type="checkbox"/> Exhibits
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Birthday Parties
<input type="checkbox"/> Deliveries	<input type="checkbox"/> Marketing
Other: _____	

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Special Skills or Qualifications

Summarize skills and qualifications you have acquired from employment, previous volunteer work or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Emergency Contact Information

Name / Relationship	
Street Address	
City, State, Zip Code	
Home Phone	
Cell Phone	
E-mail Address	

Agreement and Signature

By signing this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)

Signature

Date

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Our Policy

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

Thank you for completing this application form and for your interest in volunteering with us.

Volunteer Requirements

- All applicants must be at least sixteen (16) years of age at time of submitting application.
- All applicants must successfully complete an orientation training. Orientation training courses are held every other month and ongoing training is held on off-months.
- Ongoing training may consist of science workshops, learning new exhibit material, public speaking skills, among others.
- All applicants must be willing and able to speak to Museum guests and lead educational talks at assigned areas.
- All applicants must be willing and able to work with children of varying ages, as well as adults.
- All applicants must submit a signed Confidentiality Agreement, along with the Volunteer Application, to The Discovery Museum, Inc.