



_____	Background Check
_____	References
_____	Child Abuse Clearance
_____	Orientation
_____	Shirt _____
<b>FOR OFFICE USE ONLY</b>	

### VOLUNTEER APPLICATION

Volunteer must be at least 16 years of age. Volunteers who are not yet 18 years of age require the signature of a parent or legal guardian.

**PERSONAL INFORMATION: (Please Print)**

Name: \_\_\_\_\_  
 Name of Parent/Legal Guardian (if under 18 years of age): \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_ (Please circle which number that we can best reach you)  
 Date of Birth: \_\_\_\_\_ (month and day)

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

**VOLUNTEER POSITIONS: Choose from the positions indicated below (please indicate preference)**

Harsco Science Center                       Administrative  
 PNC Innovation Zone  
 Sunoco Performance Theater             No Preference

**REFERRED BY:** \_\_\_\_\_

**SKILLS and INTERESTS:**

**Education**

School	Name of School or Course of Study	Highest Level Completed	Currently Attending
High School			
Post-Secondary			
Other			

Special Training or Skills Received: \_\_\_\_\_  
 Are you receiving academic credit for your volunteer work?     No     Yes, Hours Required \_\_\_\_\_

**Employment History (minimum past 10 years)**

Employer	Job Title	From	To	Reason for Leaving

Current Employment Status:     Full-Time     Part-Time     Student     Retired     Unemployed

**Volunteer Experience**

Organization	Role	From	To	Reason for Leaving

**Please Indicate Your Availability (ex: 9 am – 1 pm, 1 pm – 5 pm, 6 pm – 10 pm)**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How long of a commitment are you prepared to make? \_\_\_\_\_

How often would you like to volunteer?

- 1 shift biweekly       1 shift/week       2-3 shifts/week       special events

**Please indicate the skills and experience you would bring to your volunteer role:**

- Organizational Skills       Experience with children       Teaching skills  
 Public Speaking       Microsoft Office       Research  
 Guest Relations       Board Experience       Website/Graphic

Administrative Skills

Other: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

**What are your reasons for volunteering?**

- For academic credit       To learn new skills       For social interaction  
 To gain employment skills       To share my skills       To stay active  
 To support Whitaker Center       Other: \_\_\_\_\_

**Please list three references, past or present employers, teachers, volunteer supervisors, etc.**

**We CANNOT accept family members or friends as references.**

Name	Relationship	Phone Number	Email Address

I hereby authorize the Whitaker Center to contact the above named references to establish my suitability as a volunteer and I hereby release them and their company from all liability for any damage for issuing the same. I further authorize the volunteer department to maintain this information in their records and absolve them from liability. Disclaimer: It is the policy of the Whitaker Center to screen all prospective volunteers. While we try to place every applicant, we reserve the right to select applicants according to our needs and criteria.

I understand and respect the confidential nature of the information I might have access to in performing my volunteer duties for the Whitaker Center.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Sharing Personal Information**

Please note that your contact information will be added to the volunteer directory in addition, I authorize the Whitaker Center to share my contact information with:

- Human Resources Office       Yes       No  
Development Office       Yes       No  
Membership Office       Yes       No

- **Have you ever been convicted of a crime, civilian or military? Do not list minor traffic violations. A conviction record will not necessarily be a bar to volunteering.** \_\_\_\_\_
- **How did you hear about the volunteer program at Whitaker Center?** \_\_\_\_\_
- **Are you now or have you ever been related to a current or former Whitaker Center employee or volunteer?** \_\_\_\_\_

I understand that in being a volunteer for Whitaker Center, I am subject to background checks according to policy and procedure. Final acceptance as a volunteer is contingent upon these background checks. It is our policy to provide equal opportunities without regard to race, color, national origin, gender, sexual preference, age, or disability.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent/Legal Guardian (If under 18)

**Return to:**  
**Volunteer Coordinator**  
**Whitaker Center for Science and the Arts**  
**222 Market Street**  
**Harrisburg, PA 17101**  
**volunteers@whitakercenter.org**  
**Phone: 717-724-3888**