

Student Volunteer Application

Name: _____ Birthday: Month ____ Day ____

Year _____

Address:

Daytime Phone: _____

Evening Phone:

E-Mail: _____ My computer has MS

Excel? _____

School: _____

Grade:

Name of Parent(s) or Legal Guardian:

In case of an emergency notify:

Contact Phone:

Doctor (Name and Phone):

Physical limitations or medical conditions:

Previous volunteer experience:

How many hours are you available to volunteer per month? When?

_____ Days _____ After school/evenings _____

Weekends

Can you make a commitment to this volunteer role? _____ 6 months

_____ 1 year

Do you have your own transportation? Yes No Other:

Do you have a valid driver's license? Yes No Other:

I would like to receive my schedule by: (circle one) E-MAIL SNAIL MAIL

Additional Information Required

Please attach to this application: 1. Letter of reference from a non-relative.
Paragraph written in your own handwriting explaining why you want to be a
KidSenses Volunteer.

To be completed by your school: _____ Student has Average/Above-
Average Grades

_____ Student has a satisfactory attendance record

_____ Student has a satisfactory behavior record

The school ____ does / ____ does not recommend this student as a teen
volunteer. Comments:

Signature of Principal or Teacher

Date

Applicant's Signature

Date

Parent/Guardian Signature

Date

*Return to: Debbie Spina, Volunteer Coordinator, KidSenses Children's
InterACTIVE Museum, PO Box 150, Rutherfordton, North Carolina, 28139 or
Fax to 286-0691. Should you need more information, please e-mail
Debbie@kidsenses.com.*

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