**LANCASTER SCIENCE FACTORY SUMMER/WINTER CAMP VOLUNTEER APPLICATION**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_

E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday (month/day/ yr)\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_

**I am interested in volunteering as a (please check as many as you like):**

\_\_\_Floor Volunteer– Work on the museum floor with the exhibits and demonstrating activities in the Science Café

\_\_\_Programs Volunteer – assist with classroom & lesson based educational activities offered at the Science Factory

\_\_\_ Cub Scout Volunteer – Help us develop and run our Cub Scout programs

\_\_x\_ Summer Camp / Winter Camp Volunteer- Help with our camps (Mon-Fri 8:30am-12:30pm / 12:30-4:30pm)

**What special academic/athletic interests do you have?**

\_\_\_Computers \_\_\_ Mathematics \_\_\_Science

\_\_\_Science \_\_\_Wood/Metal Shop \_\_\_Art

\_\_\_Food Science/Cooking \_\_\_Working with Children \_\_\_ Athletics

\_\_\_Other

How did you hear about our volunteer opportunities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why are you interested in Volunteering for the Lancaster Science Factory? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long do you anticipate being available to volunteer?

Summer/Winter Camp ONLY \_\_\_\_\_\_\_\_\_\_\_ Would be interested in Additional Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list two references (w/ phone number) we may contact:

Reference #2

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you know them?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference #1

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you know them?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? \_\_\_YES \_\_\_NO (*If yes, please provide details on reverse side of paper)*

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mail: OR Email:**

LSF Attn: Rachel Cahill rcahill@tlsf.org

454 New Holland Ave.

Lancaster, PA 17602