



<input type="checkbox"/>	Background Check
<input type="checkbox"/>	References
<input type="checkbox"/>	Child Abuse Clearance
<input type="checkbox"/>	Orientation
<input type="checkbox"/>	Shirt _____
FOR OFFICE USE ONLY	

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 DATA: (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 Reception Desk
 Information Desk Host Wonders Store Select Medical Digital Cinema Usher
 No Preference

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 personal 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 and Membership Manager
Whitaker Center for Science and the Arts
225 Market Street, 2nd Floor
Harrisburg, PA 17101
Phone: 717-724-3857
Fax: 717-221-8208



Disclosure Statement

I understand that Whitaker Center for Science and the Arts (Whitaker Center), ADP/Intellicorp Records, Inc., the Pennsylvania State Police, the Pennsylvania Department of Human Services, the Federal Bureau of Investigation, or other authorized third parties may be conducting background checks in connection with my application for volunteering and at other times.

I understand that background checks will be performed by Whitaker Center or its representatives as a part of the pre-volunteering process, and again every five (5) years after volunteering in order to maintain accurate records, and to ensure that I am eligible to volunteer pursuant to Act 153 of 2014.

I understand that the information requested is required to conduct background checks required by 23 Pa. C.S. §§ 6344.2(b) and 6344(b) and will not be used for any other purpose. The information provided and the results of any background check will be kept strictly confidential and only appropriate human resource personnel at Whitaker Center will have access to this information. Discrimination on the basis of age, gender, race or any other protected class status is prohibited by Whitaker Center policy.



Authorization and Release

I, the undersigned applicant for volunteering, have read this disclosure and by signing below, hereby authorize Whitaker Center, its representatives, agents and authorized third parties, including ADP/Intellipoint Records, Inc., Pennsylvania State Police Clearance, Pennsylvania Child Abuse History Clearance obtained through the Department of Human Services and Federal Bureau of Investigation Criminal History Record Information, to conduct background checks, as described herein, in conjunction with my application for volunteering, and at other times during my volunteering in order to maintain accurate records, and hereby release said parties from any and all liabilities related to the use, procurement or disclosure of any information provided by me or obtained about me in connection with background checks that may be performed. I voluntarily provide my date of birth in order to obtain, and verify records obtained, in the background checks.

Signature: _____ Date: _____

Printed Name: _____

Parent/Legal Guardian Signature: _____ (Applicants under 18 years of age)

Printed Name: _____

*******THE INFORMATION SUPPLIED BELOW WILL ONLY BE USED TO REQUEST AND VERIFY RECORDS.

Current Address: _____ How Many Years at this Address? _____

Previous Address: _____ How Many Years at this Address? _____

Maiden Names/Prior Names: _____

Social Security Number: _____ Date of Birth: _____

Driver's License (DL) #: _____ DL State: _____ Exp. Date: _____