GATEWAY SCIENCE MUSEUM
CSU, Chico Research Foundation
VOLUNTEER APPLICATION

Volunteers provide essential services to many of the CSU, Chico Research Foundation’s projects and agencies, including the Gateway Science Museum. Thank you for offering your time and experience. We look forward to having you as a valued member of the Gateway Science Museum and campus community!

Please complete this form as thoroughly as possible. This includes information regarding who to contact in case of emergency, the kind of service you may perform and the number of hours you are available to volunteer. Placement is not guaranteed. It is contingent upon the screening approval process.

On behalf of the Gateway Science Museum and the Research Foundation, we would like to thank you for your cooperation and hope that you find your volunteer services to the University community very rewarding!

Last Name, First Name ___________________________________________________________

First Name as you’d like it to appear on your museum name badge: ____________________________

Mailing Address ________________________________________________________________

(Street, City, State and Zip Code)

Home Phone ___________________________ Cell Phone ___________________________

E-mail _____________________________________________________________

Are you under 18 years of age? _____________ Yes ___ No
If yes, 14-16 year-olds must be accompanied by a parent or guardian unless enrolled in a prearranged program, and 16-18 year-olds must have written parent or guardian permission on file.

Education (please check highest level completed):

_____ High School ______________________ _____ College ______________________

Degree(s): ___________________________________________________________________

Are you a current CSU, Chico student? ___ Yes ___ No

Expected Graduation Date ____________________________________________

Are you a current employee of CSU, Chico or CSU, Chico Research Foundation? ____ Yes ____ No
If yes, who is the employer and where do you work? _________________________________

How did you hear about Gateway’s volunteer opportunities?

__________________________________________________________________________
VOLUNTEER TIME AVAILABILITY (Please list available times)

Monday  ___________  Saturday  ___________
Tuesday  ___________  Sunday  ___________
Wednesday  ___________
Thursday  ___________
Friday  ___________

Year round  ___________  Academic year only  ___________

Time available shown above is valid from what date to what date ____________________________

IN CASE OF EMERGENCY, PLEASE CONTACT

Name: ___________________________  Relationship: ___________________________
Home Phone: ___________  Cell Phone: ___________  Work Phone: ___________
Physician: ___________________________  Phone: ___________________________

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Convictions for marijuana related offenses that are more than two years old need not be listed.  ____ Yes  ____ No
If yes, state nature of the crime(s), when and where convicted, and disposition of the case:
________________________________________________________
________________________________________________________
________________________________________________________

(Note: No potential volunteer will be denied solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances, and the relevance of the offense to the nature of the volunteer work applied for may, however, be considered.)

EXPERIENCE (Please attach resume if applicable and more space is needed)

Current/Previous Work Experience:
Business/Non-Profit Name(s) ___________________________
Date(s) of Employment ___________________________
Responsibilities/Duties ___________________________

List your available skills (e.g., computer skills, painting, public speaking, graphic artist, etc.)
________________________________________________________
________________________________________________________
________________________________________________________

________________________________________________________
AREAS of INTEREST (Check all that apply)

___Clerical/Administrative
___Horticulture/Gardens
___Animal Care
___Guest Service/Greeter
___Visitor Education
___Skilled Areas
    ___Handyman
    ___Woodwork
    ___Craftsman
    ___Welding/Metal work
    ___Graphic Designer
    ___Other Skills/Trades (please list)

___Special Events
___Exhibits
___Marketing
___Fundraising
___Grant Writing
___Science Disciplines
    (check all that apply)

___Docent/Gallery
___Docent/Education (check)
___Field Trips
___Art
___Garden/Horticulture
___Natural History
___General Public
___History

___Biography
___Chemistry
___Geology
___Physics
___Anthropology
___Environmental Science
___Other (please specify)

REFERENCES
#1
Name______________________________________________

Phone Number________________________ Email________________________

Relationship________________________ Position________________________

#2
Name______________________________________________

Phone Number________________________ Email________________________

Relationship________________________ Position________________________
This is to certify that I desire to volunteer my services and acknowledge that I will not be compensated for these services. I also understand that as a volunteer I perform services at my own risk and am not covered under employee benefit programs including Workers’ Compensation. Further, I understand that I serve at the pleasure of my Project Director/Supervisor. I also understand and agree to the following:

1. Any accident or injury resulting from my participation in the Gateway Science Museum’s programs must be reported on The CSU, Chico Research Foundation Accident Investigation Report form immediately.

2. Children under the age of 16 must be accompanied by an adult, and children 16 or older must have written parental permission on file, unless enrolled in a pre-arranged program.

3. This form will be available for access by Gateway Science Museum management and staff in the event of an emergency.

4. I agree / do not agree to allow my photograph to be used in GSM publications, such as the museum website or newsletters accessible by the public. (Please initial your choice.) Minors must have written parental permission on file.

5. All volunteers will complete the program evaluation form/survey for the GSM.

6. I give permission for the references provided to be contacted by GSM.

Volunteer Name (print)  Volunteer Name (sign)  Date

Parent/Guardian (print)  Parent/Guardian (sign)  Date

Project Director (print)  Project Director (sign)  Date

Return the completed and signed form.

By mail: Gateway Science Museum
Attn: Volunteer Coordinator
400 W. First Street
Chico, CA 95929-0545

In person: Gateway Science Museum
625 Esplanade
Chico, CA 95929-0545

By email: gateway@csuchico.edu

For Office Use only:

Office of Research & Sponsored Programs  Date  Research Foundation HR Office  Date

Gateway Science Museum Volunteer Application  Revised 07-12-17