GATEWAY SCIENCE MUSEUM
CSU, Chico Research Foundation
VOLUNTEER INFORMATION FORM

Volunteers provide essential services to many of the Foundation’s projects and agencies, including the Gateway Science Museum, and we wish to welcome you as a valued member of the campus community!

The Foundation needs to have information available concerning your volunteer activities. This includes information regarding who to contact in case of emergency, the kind of service you are performing and the number of hours you volunteer. In addition, you will receive a “Volunteer Time Record” sheet on which you may keep track of the hours you work. We ask that you record your hours and return the time record sheet to your supervisor at the end of your appointment, or, if you are an on-going volunteer, as requested by the Volunteer Coordinator.

On behalf of the Gateway Science Museum and the CSU, Chico Research Foundation, I 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)
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 Degrees ______ High School ______ College ______ Post Graduate

Are you a current CSU, Chico student? ___Yes ____No  Expected Graduation Date: ____________
Are you a current employee of CSU, Chico or The CSU, Chico Research Foundation? ___Yes ____No
If yes, who is the employer and where do you work? _________________________________

Volunteer Time Availability
(Please list available times you would be willing to work, we will work with you to develop a schedule)

Monday ______  Tuesday ______  Wednesday ______  Thursday ______
Friday _______  Saturday _______  Sunday _______

Year round ______________  Academic year only __________

Time available per above is valid from what date to what date ________________________________
IN CASE OF EMERGENCY, PLEASE NOTIFY:
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) _________________________________________________
Responsibilities/Duties _______________________________________________________
List your available skills: _____________________________________________________
_________________________________________________________________________
_________________________________________________________________________
(e.g., computer skills, painting, public speaking, graphic artist, etc.)

AREAS OF INTEREST: (Check all that apply)

___ Exhibits  ___ Clerical/Administrative  ___ Horticulture/Gardens
___ Docent/Gallery Guide  ___ Grant Writing  ___ Animal Care
___ Visitor Education  ___ Fundraising  ___ Special Events
___ Guest Service/Greeter  ___ Marketing  ___ Poster/flier distribution

Skilled Areas (check below)  Science Disciplines  Docent/Education (check below)
___ Woodwork  ___ Natural Science  ___ Art
___ Craftsman  ___ Biology  ___ Horticulture/Gardens
___ Metal/Welding  ___ Geology  ___ Natural History
___ Handyman  ___ Anthropology  ___ History
___ Graphic Designer  ___ Mathematics  ___ General Public

Other Skills/Trades (please list below): ___ Chemistry  ___ Grade Schools
___ Environmental Science  ___ Physics
REFERENCES:
1. Name ___________________________  Phone Number ____________________
   E-mail ___________________________  Position __________________________
   Relationship ______________________

2. Name ___________________________  Phone Number ____________________
   E-mail ___________________________  Position __________________________
   Relationship ______________________

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.

________________________________________  __________________________
Please, sign your full name.  Date

________________________________________  __________________________
Parent or Guardian Signature (for volunteers younger than 18)  Date

________________________________________  __________________________
Project Director Signature  Date

Please, return this information form to:
Gateway Science Museum
Attn: Jennifer Jewell, Volunteer Coordinator
400 W. 1st Street
Chico, CA  95929-0545
Direct: 530-898-3273/Main: 530-898-4121

For Office Use Only:

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