

VOLUNTEER APPLICATION CSTL

1450 Tanglewood Road Rockville Centre, New York 11570

PHONE 516-764-0045 FAX 516-764-2310

Last Name: _____ First Name: _____

18 Years Old: No ___ Yes ___

(If you are not 18 years of age, you must have a letter from a parent or a guardian approving your volunteering, (with their name, address and phone number included).)

Street Address: _____

City: _____ State: _____ Zip code _____

Home phone: _____ Your Cell phone: _____

Email address: _____

Level of Education completed _____ Year: _____

Emergency Contact: _____ Relation: _____

Phone Number: _____

DO YOU HAVE ANY MEDICAL PROBLEMS THAT WE SHOULD KNOW ABOUT?

For Security Purposes: Please show one form of a **valid PICTURE ID when you come to the office** -----

WHEN ARE YOU AVAILABLE?

DAILY: MON. ___ TUES. ___ WED ___ THURS. ___ FRI. ___ Hours _____

WEEKENDS: SATURDAY _____ SUNDAY _____

ALL YEAR ROUND _____ **SUMMER ONLY** _____

WE ALWAYS NEED HELP WITH: (CHECK ALL THAT YOU WOULD BE INTERESTED IN HELPING US WITH)

OFFICE WORK: PHONES DATA ENTRY RESEARCH MAILINGS
TECHNICAL ASSIST GIFT SHOP EXHIBIT GUIDE TEACHERS
ANIMAL CARE GARDEN CARE OTHER _____

Signature _____ **Date** _____

CSTL The Center for Science Teaching and Learning

VOLUNTEER ACTIVITY LIABILITY WAIVER

The undersigned _____ (print name), does hereby acknowledge and assumes the risk of participation in any and all activities at the Center for Science Teaching and Learning, at Tanglewood Preserve or any and all locations where CSTL activities take place. He/she does hereby acknowledge that he/she will release the Center for Science Teaching and Learning, Inc., its officers, staff members, volunteers, advisors, property owners and/or agents in any location where CSTL activities are conducted, of and from any claims all claims which may hereafter develop or accrue to them on account of injury, loss or damage, which may be suffered by said party or to any property, because of any matter, thing, or condition, negligence or default whatsoever, and they hereby assume and accept the full risk and danger or any hurt, injury or damage which may occur through or by reason of any matter, thing or condition, negligence or default, or any persons whatsoever.

It is further agreed and understood that he/she shall maintain in full force and effect, a policy of insurance covering medical treatment and all related costs in the event of an injury to him/her as a result of his/her participation in any and all activities at CSTL, Inc., as aforesaid. He/she also agrees that if he/she does not maintain in full force and effect a policy of insurance, he/she is still liable for medical treatment and all related costs in the event of an injury to him/her as a result of his/her participation in any and all activities involving the Center for Science Teaching and Learning, Inc., as aforesaid.

Signed: _____ **If you are under 18 years of age, you must have a parent or guardian sign this.**

Date: _____