

VOLUNTEER APPLICATION
Center for Science Teaching and Learning
1450 Tanglewood Road
Rockville Centre, New York 11570
516-764-0045 // volunteer@cstl.org

Thank you for your interest in becoming a volunteer at the Center for Science Teaching and Learning (CSTL). Please fill out the Volunteer Application and submit it in person or via email to our office as soon as possible so we can arrange an interview.

Last Name: _____ First Name: _____

Above 18 Years Old: Yes ___ No ___ (Must be 16 or older to volunteer)

****If you are under 18 years old, you must have a letter from a parent or guardian approving your volunteering that includes their name, address and phone number ****

Street Address: _____ City: _____ Zip code: _____

Home phone: _____ Cell phone: _____

Email address: _____

Level of Education completed: _____ Year: _____

Emergency Contact: _____ Relation: _____

Phone Number: _____

Do you have any medical concerns we should be aware of?

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

What is your availability?

DAILY: MON. ___ TUES. ___ WED ___ THURS. ___ FRI. ___ SAT. ___ SUN. ___

TIME: MORNING ___ AFTERNOON ___

ALL YEAR ROUND: ___ **SUMMER ONLY** ___ **HOURS** _____

Volunteer Opportunities Include (Circle all that you are interested in):

Front Desk Education Assistant Exhibit Interpreter Special Events
Gardening Animal Care Office Assistant

Signature _____

Date _____

If under 18 years old:

Parent/Guardian Signature _____

Date _____

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.

Sign Name: _____ Print Name: _____

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

Parent/Guardian Signature: _____ Print Name: _____

Date: _____