



**SCIENCE  
CENTER  
OF IOWA**  
& BLANK IMAX<sup>®</sup>  
DOME THEATER

## QUICK VOLUNTEER APPLICATION

### PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Emergency Number: \_\_\_\_\_ Name/Relationship: \_\_\_\_\_  
 Are you a member of the Science Center of Iowa? \_\_\_\_\_ Yes \_\_\_\_\_ No

### RECRUITMENT

How did you hear about volunteer opportunities at the Science Center of Iowa?

SCI Brochure                       Friend/Family Member                       SCI Website  
 Internet                               Workplace Notice                               Business/Corporation  
 Notification from SCI Volunteer Dept.                               Other (explain) \_\_\_\_\_

### EDUCATION

Circle your highest grade completed: [High School]      8 9 10 11 12 [College]      1 2 3 4 +  
 Major: \_\_\_\_\_ Degree: \_\_\_\_\_ Date Completed: \_\_\_\_\_

### REFERENCES

Please list two personal references that are not related to you:

Name/Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Name/Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please answer the following questions.**

1. Why are you interested in volunteering with the Science Center of Iowa?

\_\_\_\_\_  
 \_\_\_\_\_

2. Have you ever volunteered with the Science Center of Iowa before?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what was your volunteer position? \_\_\_\_\_

I authorize the Science Center of Iowa to conduct a background check of my character in regard to criminal behavior, drug use or charges, sexual abuse or harassment, or other activities that may reflect upon the reputation and programs of the Science Center of Iowa.

I authorize my past and present employers, volunteer organizations and others with information regarding my work, my character and my volunteering experience to provide the Science Center of Iowa with all the information requested and to cooperate fully with the inquiry of my qualifications. I also release those employers, references and others from all liability for providing information in good faith and without malice.

I understand that as a volunteer, I must conform to all rules and regulations of the Science Center of Iowa and that the relationship between me and the Science Center of Iowa may be terminated at any time by either party.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (if applicant is under 18)

\_\_\_\_\_  
Date

**Please Submit Application to:**

The Science Center of Iowa  
ATTN: Volunteer Coordinator  
401 W Martin Luther King Jr. Parkway  
Des Moines, IA 50309

Phone: (515) 274-6868, ext. 295

Fax: (515) 274-3404

Email: [volunteer@sciowa.org](mailto:volunteer@sciowa.org)