

Youth Volunteer Application



Seacoast Science Center
570 Ocean Blvd., Rye, NH 03870-2104
603-436-8043
www.seacoastsciencecenter.org

For Office Use

Received: _____

Contacted: _____

Int./Orient.: _____

Placement: _____

Our Youth Volunteer Program is designed to give 12-17 year old students the opportunity to gain knowledge and skill in a hands-on work environment. An interview will assess your interests and help match you with specific opportunities. Opportunities include assisting with preschool programs, *Seaside Safari Environmental Day Camp*, nature-themed birthday parties, aquarium maintenance, garden maintenance, and experiment and craft stations, and more.

Youth Volunteers must be dedicated to their service, ready to learn, and be self-starters. Youth Volunteers gain work ethics such as responsibility, teamwork, and communication. It is our goal that all volunteers leave with a sense of accomplishment and personal growth. All volunteers take part in orientation and training specific to their placement.

Please complete both sides of this confidential application and mail to the address above, FAX to 603-433-2235, or drop it off at the Center. Call Laura Bahl at 603-436-8043, ext. 21, or email volunteer@seacentr.org if you have any questions. Thank you!

Name: _____ Date of Application: _____

Address: _____ Date of Birth: _____

City/State/Zip: _____ Home Phone: _____

Email Address: _____ Alternative Phone: _____

Parent/Guardian Name: _____ Work/Day Phone: _____

Days and times that you are available to volunteer:

Please indicate why you would like to volunteer (include any special interests):

Seacoast Science Center Mission

Creating connections to nature through personal experience.

Please complete other side ➡

Previous Volunteer Experience

Place: _____ Position: _____

Supervisor: _____ Telephone: _____

Duties: _____

Current/Past Employment

Employer _____ Position: _____

Supervisor: _____ Telephone: _____

References (non-relatives)

Principal/Teacher: _____ Title: _____

School Phone: _____ Email Address: _____

Adult Family Friend: _____

Phone: _____ Email Address: _____

Emergency Contact

#1 Name: _____ Relationship: _____

Phone: _____ Alternative Phone: _____

#2 Name: _____ Relationship: _____

Phone: _____ Alternative Phone: _____

Do you have transportation? Y N Please explain: _____

Authorization to Obtain Information

I, the undersigned, authorize any agent of the Seacoast Science Center, 570 Ocean Boulevard, Rye, NH 03870, to obtain information regarding my employment, volunteer experience, or personal reference in connection with my application for volunteer service. Such information will be held in confidence in accordance with agency guidelines.

Signature: _____ Date: _____

Parent/Gaurdian Signature: _____ Date: _____
