



Volunteer Application

www.WOWScienceMuseum.org

DATE: _____

(Please Print)

NAME: _____ PHONE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL: _____

Preferred form of Contact: Phone E-mail

AGE: Adult 18+ Teen 14 - 17

(Parent must sign below giving consent for the above named volunteer to participate if under 18)

Bi-lingual Yes Language(s) other than English _____

Volunteer Area of Interest:

<input type="checkbox"/> Exhibits Committee	<input type="checkbox"/> Museum Guide
<input type="checkbox"/> Fund Raising Events	<input type="checkbox"/> Outreach Presentations
<input type="checkbox"/> Guest Services & Retail	<input type="checkbox"/> Educational Programs
<input type="checkbox"/> Website Maintenance	<input type="checkbox"/> Other _____

Please indicate the days and times you are available to volunteer:

Wednesday	Morning	Afternoon
Thursday	Morning	Afternoon
Friday	Morning	Afternoon
Saturday	Morning	Afternoon
Sunday	Morning	Afternoon

FOR WOW USE ONLY

- Entered into Data Base by _____
- Assigned to Committee _____
- DOJ

SIGNATURE: _____

PARENT SIGNATURE: _____

Date: _____

Return Volunteer Application to:
 World Of Wonders Science Museum
 2 North Sacramento Street • Lodi, California 95242 • (209) 368-0WOW (0969)
 volunteers@wowsciencemuseum.org