



Exploration PLACE

The Sedgwick County Science and Discovery Center

Equal access to programs, services and employment is available to all persons. Those applicants requiring a reasonable accommodation to complete the application and/or the interview process should contact the Volunteer Coordinator at 316.660.0677.

Volunteer Application

300 N. McLean Blvd., Wichita, KS 67203 • Phone: 316.660.0600 • Fax: 316.660.0670

VOLUNTEER INTERVIEW AND ACCEPTANCE PROCEDURE

All potential volunteers must complete a general orientation training session prior to being accepted to the program. This is a selection process and not all applicants are accepted into the program. We reserve the right to place volunteers in the area best suited to their skills and the needs of the museum. You have the right to decline the assignment and wait for one you prefer. Those who would like to work as Explorer Guides must complete additional training specific to the chosen area or traveling exhibit. Other positions will require various levels of on-the-job training provided by the supervisor of that area. We look forward to your volunteer participation at Exploration Place.

PERSONAL INFORMATION

Are you a Member? Yes No

Last name:

First name: Middle name:

Mr. Ms. Mrs. Miss Dr.

Name preferred for badge:

Social Security Number: Birthdate: ___/___/___

Home address:

City: State: Zip Code:

Home phone: () Work Phone: () Cell Phone: ()

Do you prefer to receive calls at: Home Work Cell

May we leave messages for you or call you at work if we need to contact you short notice? Yes No

E-Mail:

VOLUNTEER EXPERIENCE

Do you have previous volunteer experience? Yes No

List up to three places you have volunteered and what kind of volunteering activity you performed there:

1.

2.

3.

REFERENCES

Please list two work, school, or personal references, not relatives, whom we may contact regarding your application.

Name:		Relationship:	
Street address:			
City:	State:	Zip Code:	Telephone: ()
Name:		Relationship:	
Street address:			
City:	State:	Zip Code:	Telephone: ()

EDUCATION

Highest year completed or current year in school (please circle):		Highest degree earned:					
Grade: 10	11	12	College: 1	2	3	4	5+
Major:		Name of School:					
List any other formal training, skills, or experience that might be pertinent to volunteering at EP:							

MEDICAL EMERGENCY INFORMATION

Primary contact name:		Relationship:
Home phone: ()	Work Phone: ()	Cell Phone: ()
Primary contact name:		Relationship:
Home phone: ()	Work Phone: ()	Cell Phone: ()
Personal Physician:		
Phone: ()	Hospital preference:	
Please list any allergies, special medical needs or conditions that would be relevant during emergency situations:		

It is the policy of Exploration Place to comply with all applicable local, state and federal laws prohibiting discrimination in employment/volunteering based on race, religion, color, sex, age, national origin, disability or any other protected classification.

EMPLOYMENT HISTORY

I am (check one): Employed Unemployed Retired

Employer:

Occupation:

Please complete this section of the form as it is applicable to your employment situation:

Street address:

City: State: Zip Code:

Telephone: (____) Fax: (____)

Name of supervisor: May we contact you at work? Yes No

Would you like us to keep your employer informed of your volunteer services? Yes No

Does your employer offer a time-off program for volunteers? Yes No

Does your employer
(OR FORMER EMPLOYER, IF RETIRED) offer a donation matching program? Yes No

Have you ever been employed at Exploration Place? Yes No

If yes, when? Position:

Do you have friends or relatives currently employed
or volunteering at Exploration Place? Yes No

Name: Relationship:

Name: Relationship:

COMMUNITY SERVICE VOLUNTEERING

(Exploration Place does not offer court-mandated volunteer services)

If you are here through a community service program (school, club or organization)
please indicate the following.

Name of school or organization:

Street address:

City: State: Zip Code: Telephone: (____)

Supervisor/Contact name:

How many hours are you required to volunteer?

By what date must you complete the required hours? ____/____/____

Please return application to:

Joyce Gedraitis - Volunteer Assistant
Exploration Place
300 N. McLean Blvd.
Wichita, KS 67203

Phone: 316.660.0677
Fax: 316.660.0670
E-mail: jgedraitis@exploration.org
Website: www.exploration.org

ALL VOLUNTEER APPLICANTS AND PARENTS OR GUARDIANS MUST READ, SIGN AND DATE THE FOLLOWING STATEMENTS:

I, _____ (print full name) certify that answers given herein are true and complete to the best of my knowledge. I authorize an investigation of all statements contained in this application as may be necessary in arriving at an acceptance decision. In the event of acceptance, I understand that false or misleading information given in my application or interview may result in dismissal from the volunteer ranks. I am aware that acting as a volunteer does not make me an employee of Exploration Place. I understand, also, that I am required to abide by all rules and regulations of Exploration Place. As a volunteer, I agree to hold as absolutely confidential all privileged, and or sensitive information which I may obtain directly, or indirectly concerning Exploration Place, its guests and staff (including employees and volunteers).

I, _____ (print full name) authorize Exploration Place to receive information from the Kansas Bureau of Investigation and any law-enforcement agency, including police departments and sheriff's departments, of this state or any other state or the federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions from crimes committed upon children. I understand that such access is for the purpose of my application as a volunteer, and that I expressly DO NOT authorize Exploration Place, its directors, officers, employees or volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

I certify that I have read and agree to the statements above.

Applicant Signature

Date

Print name of Applicant

Applicant is under 18. He/She has my permission to become a volunteer at Exploration Place.

Parent/Guardian Signature

Date

Print Name Parent/Guardian

THANK YOU FOR YOUR INTEREST IN BECOMING A VOLUNTEER AT EXPLORATION PLACE!



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