



## Yes! I want to Volunteer & Support STEM Education!

We will use the information below to contact you concerning upcoming volunteer opportunities. **Please print legibly.**

Applicant's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Highest/Current Education Level:  High School  Associate Degree  BS/BA  MS/MA  
 PhD / MD / JD Fields of Study: \_\_\_\_\_

Related Fields of Competency/Interest (example: Engineering, Chemistry, Art, Computer Programming etc.):  
\_\_\_\_\_

**Activities of Interest:** (check all that apply):

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> STEM Outreaches  | <input type="checkbox"/> Mobile Observatory | <input type="checkbox"/> High Altitude Balloon | <input type="checkbox"/> Grant Writing          |
| <input type="checkbox"/> Web Site         | <input type="checkbox"/> Social Media       | <input type="checkbox"/> Fundraising           | <input type="checkbox"/> Newsletter/Photo/Video |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Media Relations    | <input type="checkbox"/> After School Programs | <input type="checkbox"/> Program Development    |

**Availability:**

- Week Days  Week Ends  Mornings  Afternoons  Evenings  Anytime

Other: \_\_\_\_\_

**Liability Release:** I hereby release and hold harmless Science Heads and sponsors and supervisors of all activities, from any and all liability for any injury I (or applicant) may suffer (including any injury caused by negligence) in conjunction with the volunteer activity. I also certify that I (or applicant) am in good health and able to participate in the program activities. I certify that I am 18 years of age or older and am competent to contract my name insofar as the above is concerned. I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.  **I accept**

**Communications Release:** I hereby waive any claim to the rights of photographic recordings made of me (or applicant) during Science Heads activities. I hereby authorize the editing, duplication, reproduction, copyright, exhibition, broadcast and/or non-profit use and distribution said recordings for purposes deemed suitable by Science Heads. I hereby waive any right to approve the finished products. I hereby certify that I am 18 years of age or older and am competent to contract my own name insofar as the above is concerned. I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.  **I accept**  **I do not accept**

Signature of Applicant or Parent/Guardian  
If applicant is under 18 years of age.

Date