

THE DONALD DANFORTH PLANT SCIENCE CENTER VOLUNTEER APPLICATION

Name_____

Address_____

City_____ State_____ Zip Code_____

Telephone (H) _____(B) _____(M) _____

Email Address_____

Date of Birth (optional for demographic purposes)_____

Have you previously volunteered at the Danforth Center? Yes / No

If yes, please indicate department and dates.

Have you previously been employed by the Danforth Center? Yes / No

If yes, please indicate department and dates.

EDUCATION

Name of School_____

Diploma or Degree Received_____

Major_____

College or University_____

Graduate/Post Graduate_____

Professional, Business, Other_____

EMPLOYMENT

Past / Present

Name of Employer_____

Nature of Business_____

VOLUNTEER EXPERIENCE

Past / Present

Name of Organization_____

Nature of Organization_____

Type of Service Provided_____

(CONTINUED)

SPECIAL SKILLS OR TRAINING/ETC.

Are you fluent in another language? Yes / No

If yes, please list language(s) and level of fluency.

Why do you want to volunteer at The Danforth Center?

SCHEDULE AVAILABILITY

Mon Tues Wed Thur Fri Sat Sun
AM/PM AM/PM AM/PM AM/PM AM/PM AM/PM AM/PM (please circle)

AREAS OF INTEREST

Children's Education Docent Special Events
 Visitor Information Clerical Computer/Technical

HIGH SCHOOL STUDENTS:

Please provide name of Teacher Reference: _____

Daytime Phone Number _____

IN CASE OF EMERGENCY, PLEASE NOTIFY

Name _____

Address _____

Daytime Phone Number _____

Relationship _____

Signature _____

Date _____

Please fax completed form to: (314)587-1173, or mail it to:

Danforth Center

ATTN: Chandra Thurman

975 N. Warson Rd.

St. Louis, MO 63132

Thank you!!!