



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"/> Board of Directors | <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