



Personal Information

Full name:		Date of Birth:	
Address:			
Phone #:	Cell #:	Email:	
Are you a OSC Member?: Yes No		Have you volunteered for OSC before: Yes No	
Emergency Contact Name:		Phone #:	Cell #:

Volunteer Preference – *please check all that apply*

<input type="checkbox"/>	Program Assistant	<input type="checkbox"/>	Gallery Assistant
<input type="checkbox"/>	Camp Assistant	<input type="checkbox"/>	Driver
<input type="checkbox"/>	Critter Assistant	<input type="checkbox"/>	Exhibit/Building Maintenance
<input type="checkbox"/>	Administrative Assistant	<input type="checkbox"/>	Other:

Availability

Sunday Time:	Monday Time:	Tuesday Time:	Wednesday Time:	Thursday Time:	Friday Time:	Saturday Time:

References – *please provide 3*

Name:
Title/Relationship:
Company/School:
Phone:
Email:
Name:
Title/Relationship:
Company/School:
Phone:
Email:

As a OSC Volunteer

- I am committed to supporting the OSC Mission, Vision and Core Values.
- I understand that prior to commencing my volunteer activities at OCS:
- I am required to provide OSC with a current Criminal Reference Check
- I will complete all required documentation for volunteers and attend a volunteer interview
- I will provide verification of training or certifications if applicable

OUR MISSION

The Okanagan Science Centre is a non-profit, charitable organization whose mission is to “inspire scientific inquiry through dynamic and interactive learning experiences; to encourage all ages to appreciate the relevance and universality of science, and its application in our region.”

2704 Highway 6
Vernon, BC V1T 5G5
info@okscience.ca

www.okscience.ca



Name:	<input type="checkbox"/> I will be trained on the policies and procedures applicable to my position <input type="checkbox"/> I am at least in the ninth grade and 14 years old or older.
Title/Relationship:	
Company/School:	
Phone:	
Email:	
Why do you want to volunteer with the Okanagan Science Centre?	
Relevant experience, skills, training or education.	
What do you hope to gain from the experience?	

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I certify that the information provided is true and complete to my knowledge; I understand that false statement may disqualify me from volunteering or cause my dismissal. I have not had any accusations of misconduct against me and there is nothing known to me that could prevent me from volunteering.

Signature: _____ Date: _____

For volunteers under 19 years of age:

Parent/Guardian Signature: _____ Date: _____

*To apply for volunteer positions, email your application to info@okscience.ca
or drop off your application at the Okanagan Science Centre.*

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