



AUGUST 6, 2016 4:00 PM-10:00 PM
DON HARRINGTON DISCOVERY CENTER

VOLUNTEER APPLICATION

(PLEASE PRINT)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell phone: _() _____ Email: _____

Age: _____

Emergency Contact Name: _____ Emergency Contact #: _() _____

Best time to contact you: Morning Afternoon Evening

Have you ever been convicted of a felony? _____ Yes _____ No

Have you ever been charged with a crime involving a child? _____ Yes _____ No

Explain: _____

Hours Available: Morning Afternoon Evening

(Circle all that apply. We will need volunteers during the hours of 8:00am-11:00pm.)

Area(s) of Interest: Entrances Activities Parking Roaming Set-Up

(Circle all that apply. Cannot guarantee placement, but will do our best to accommodate your preferences.)

By signing this form I hereby authorize the Don Harrington Discovery Center to use photographs and/or video recordings of myself for educational and promotional purposes only.

Volunteer Name (Print): _____

Volunteer Signature: _____

Date: _____

Parent or Guardian Signature: _____

(If volunteer is under 18)

*Questions please contact Shanna Collins, Development Assistant, by phone at (806) 355-9547 ext. 120 or email: scollins@dhd.org.