

Application**Personal Information**

Name (last, first, middle): _____

Home Address: _____

Home Phone: _____ Cell: _____

E-mail Address: _____

Current School: _____

Address: _____

Next year grade level (2019-2020 academic year): _____ Current GPA: _____

Parent/Guardian Contact Information

Name & relationship to applicant: _____

Email: _____ Telephone numbers: _____ Home _____

Cell _____ Work (if applicable): _____

Availability

Volunteer Blocks: Summer Science Corps members are required to volunteer a minimum of 3 consecutive weeks in a row for at least two days a week. Please check the boxes below for the volunteer block you are committing to.

 Block 1: Weeks of June 17 – 23, June 24 – 30, July 1 – 7 Block 2: Weeks of July 8 – 14, July 15 – 21, July 22 – 28 Block 3: July 29 – August 4, August 5 – 11, August 12 – 18

Optional: If you are interested in volunteering more than the 3 week minimum please check the boxes next to the additional weeks that you are available below:

 June 17 – 23 June 24 – 30 July 1 – 7 July 8 – 14 July 15 – 21 July 22 – 28 July 29 – August 4 August 5 – 11 August 12 – 18

Days of the Week: Please select the days of the week that you are available to volunteer. Applicants must select at least two days but are welcome to select up to 5 days.

 Monday Tuesday Wednesday Thursday Friday Saturday Sunday**(more)**

Special Event Availability: Please check **Yes** or **No** in response to the following questions about availability for special events.

1. Are you available to in the evenings to assist with events that take place after hours (after 4:30 p.m.)?
() YES () NO
2. Are you available on Saturday June 22 (Family Fun Day)?
() YES () NO
3. Are you available Thursdays in August (\$3 Thursdays)?
() YES () NO

Required Training: The required training for Summer Science Corps will take place of Saturday June 15. Please check one of the following options:

- () Yes, I can attend the required training on Saturday June 15.
() No, I cannot attend the required training on Saturday June 15.

Motivation & Interests

Why are you applying to the Summer Science Corps?

Why do you think you are a good candidate for the Summer Science Corps? What qualities or skills do you possess that will help you be an ambassador of our Museum and a communicator of science?

Describe the specific areas of science and nature that interest you and why they interest you.

(more)

Uniform

Summer Science Corps members are required to purchase an official DMNH Uniform Shirt upon acceptance into the program.

Please indicate your Adult T-shirt size: () Small () Medium () Large () XL () XXL

Do you consent to purchasing a Uniform Shirt for \$15 if accepted to the Summer Science Corps?
() Yes, I will purchase a shirt if accepted. () No, I will not purchase a shirt if accepted.

References

Please provide 2 references OTHER THAN family or friends. These could be a teacher, coach, music or dance teacher, scout leader, youth group leader, club advisor, etc.

Reference 1:

Name: _____ Relationship to Applicant: _____

Phone: _____ Email: _____

Reference 2:

Name: _____ Relationship to Applicant: _____

Phone: _____ Email: _____

Signatures

I hereby certify that I completed this application by myself, and my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am selected to join the Teen Leadership Team at the Delaware Museum of Natural History, I will attend all necessary trainings and do my best to make the experience positive for myself, Museum staff, and Museum visitors. I understand any false statements on this application shall be considered sufficient cause for dismissal. I hereby authorize the Delaware Museum of Natural History to investigate any aspect of my educational and employment history.

Signature: _____ Date: _____

I, the parent or guardian of the applicant, certify that I give my permission for the applicant to apply for the Summer Science Corps, and will support his/her participation if accepted. By submitting this online form, I am agreeing to this statement.

Signature of Parent/Guardian: _____ Date: _____
(If applicant under 18 years of age)

Printed Name of Parent/Guardian _____

It is the policy of the Museum to provide equal opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

Submit application to Terri Reed, Director, Human Resources, at treed@delmnh.org or mail to the Delaware Museum of Natural History, ATTN: T. Reed, Human Resources, P.O. Box 3937, Wilmington, DE 19807.

Other: The Museum is a 501(c)3 non-profit and volunteer hours can typically be used to meet volunteering/community service requirements. A letter confirming the number of volunteer hours will be sent to schools upon request. Students may also request a letter of recommendation for placement in their school file or use for college and/or job applications.