



VOLUNTEER APPLICATION
Super Science Saturday

35TH ANNUAL SUPER SCIENCE SATURDAY

SATURDAY, MAY 9TH, 2015

The New Jersey State Museum will host the 35th Annual **Super Science Saturday: New Jersey State Science Festival** on Saturday, May 9th! Super Science enables visitors of all ages to sample a variety of scientific experiences, from robotics and engineering to astronomy and paleontology. This science festival attracts thousands of visitors every year, offering families the opportunity to interact with scientists from New Jersey’s incredible array of research, educational and environmental organizations. Volunteers are needed before, during and after the festival to make it a success!

Volunteers are considered representatives of the New Jersey State Museum, and will hand out festival brochures, supply information to visitors, conduct event evaluations, and provide event support including set up and take down and exhibitor assistance.

- All volunteers should be comfortable interacting with event attendees of all ages.
- All volunteers must commit to working a minimum 3.5 hour shift.
- Volunteers may be required to stand for some or all of their shift.
- Super Science Saturday is an indoor/outdoor event; volunteers should be prepared for outdoor assignments.
- All volunteers must be willing to attend a 1 hour orientation session to receive assignments and materials.

The New Jersey State Museum will provide volunteers with:

- * Volunteer Event T shirt
- * Day-of Hospitality Suite (incl. snacks & beverages)
- * Detailed instructions on tasks or programming
- * A day of FUN!

Please complete the following application and return to:

New Jersey State Museum

Attn: Melissa Kelly, Volunteer Coordinator
P.O. Box 530
Trenton, NJ 08625-0530

email: melissa.kelly@sos.nj.gov
telephone: (609) 292-6310

Personal Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____



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Emergency Contact Information

Full Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Your Background

- Student Employed Full-time Employed Part-time Not Employed at this time Retired

Employer: _____

Department: _____ Title: _____

Address: _____ City, State, Zip: _____

Highest Level of Education: _____

I am volunteering to fulfill community service or school requirements, and will need verification of the hours I work.

Volunteer Positions of Interest (Please select your top three volunteer positions - we cannot guarantee placement but will try to accommodate requests as best as possible.)

- | | |
|--|---|
| <input type="checkbox"/> Exhibitor/Vendor Check-In (begins 8AM) | <input type="checkbox"/> Information Booth/ Strolling Information |
| <input type="checkbox"/> Set Up (begins 8AM; lifting involved) | <input type="checkbox"/> Break Down (until 5PM; lifting involved) |
| <input type="checkbox"/> Hands-On Workshop Assistance | <input type="checkbox"/> Auditorium Program Assistance |
| <input type="checkbox"/> Event Evaluation (visitor surveys & feedback) | <input type="checkbox"/> General Support (includes aiding exhibitors and other tasks as needed) |



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Please tell us about any experiences that are relevant to your anticipated volunteer activities.

Do you have any restrictions (lifting limits, difficulty with prolonged standing, etc.) we will need to accommodate?

Languages spoken (other than English)

Please select the times you are available on Saturday, May 9th. You are welcome to sign up for multiple shifts.

- | | |
|----------------------------------|-----------------------------------|
| _____ All Day (8:00am – 5:00pm) | _____ Morning (8:00am – 11:30am) |
| _____ Mid-Day (11:00am – 2:30pm) | _____ Afternoon (1:30pm – 5:00pm) |

Please select the 1 hour training session you will attend.

- | | |
|---|--|
| _____ Saturday, May 2 nd , 2pm | _____ Wednesday, May 6 th , 3pm |
|---|--|

How Did You Hear About Volunteering at the New Jersey State Museum?

<input type="checkbox"/> Family	<input type="checkbox"/> Museum Staff	<input type="checkbox"/> Workplace	<input type="checkbox"/> Museum Newsletter
<input type="checkbox"/> Friend	<input type="checkbox"/> Museum Volunteer	<input type="checkbox"/> School	<input type="checkbox"/> Other:
<input type="checkbox"/> Museum Visit	<input type="checkbox"/> Museum Website	<input type="checkbox"/> Volunteer Agency	
<input type="checkbox"/> Museum Member	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Volunteermatch.org	

Are you related to a Museum volunteer or staff member? _____

Are you a Museum member? Yes No



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Questionnaire

Have you ever been convicted of a misdemeanor or felony? Yes No

Have you ever been dismissed from any other volunteer program? Yes No

Have you ever been an employee or volunteer of the New Jersey State Museum or the State House Tours office? Yes No

PERMISSIONS

- I hereby grant to the New Jersey State Museum the rights to use my image, interview and/or performance for Museum exhibits, associated educational programs, and/or public relations and marketing.
- I understand that in the course of volunteering I may participate in or create intellectual property on behalf of the Museum. I understand that all such property, and all rights to its use, belongs exclusively to the Museum. I agree that my services are donated to the Museum without contemplation of compensation or future employment.
- I agree to hold as absolutely confidential all privileged and/or sensitive information, which I may obtain directly or indirectly, concerning the Museum, its guests, and staff (including employees and volunteers).
- I certify that the answers given by me on this application are true, correct, and without omissions. I further agree to comply with all policies and procedures, as well as safety practices in all areas of the Museum I understand that my volunteer status may be terminated at any time for failure to comply with policies and procedures of the Museum, including those of the volunteer program; for absence without notification; for reasons of unsatisfactory attitude, work, personal appearance, and/or for any other circumstances which, in the judgment of the Museum, would make my continued service as a volunteer contrary to their best interests.

Signature of Applicant

Date