



Back Bay Science Center Education Volunteer Application

Today's Date: _____

NAME & SCHOOL INFORMATION

Applicant's Name _____

Name of School Currently Attending _____

Related Course Title _____

Name of Mentor or Lead Instructor _____

CONTACT INFORMATION

Home Phone # _____ Cell # _____

Emergency Contact Person, Phone # _____

Email: _____

Mailing Address: _____

City, State, Zip Code: _____

Birthdate (mm/dd/yy) _____

INTEREST & EXPERIENCE

Please describe why you would like to do this internship?

Please list any special skills and interests (computer, graphic design, fishing, art, etc.)

Do you speak any additional languages?

What experience do you have working with youth (7th-college level)?

How did you find out about interning with us?

Have you ever volunteered/interned in the past? If so, describe your experience(s)?

What are your goals for your internship including tasks you hope to accomplish and/or skill you wish to acquire? In addition, how will BBSC benefit you from you interning here?

AVAILABILITY

Are you 18 years of age or older? Yes ____ No ____

How many hours are you available to work per week _____

Proposed Start Date _____ Estimated End Date _____

Please write down your general availability (e.g. 9am-12pm)

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Saturday _____

Please email completed application along with a resume

Questions? Please call: [949-640-9959](tel:949-640-9959) or 949-640-9956

~~~~~Office Use Only~~~~~

Date Interviewed: \_\_\_\_\_ Time Interviewed \_\_\_\_\_ Interviewed by: \_\_\_\_\_