



Rising Stars Volunteer Application

			Date / /
Applicant Name			Home Phone
Parent or Guardian Name(s)	Relationship		Work Phone (Parent/Guardian)
			Cell Phone (Parent/Guardian)
Address			Cell Phone (Applicant)
City	State	Zip	Date of Birth / /
Applicant Email		Parent/Guardian Email	
High School	Grade Level in 2012-13	Projected Graduation Date	

Volunteer Scheduling

Rising Stars must be available for the entirety of one of two five-week sessions. Rising Stars attend a class every Wednesday and volunteer on the museum floor for two additional days per week. The first Saturday of each session is a mandatory overnight orientation.

Please indicate your first choice session with a 1 and your second choice with a 2. If you cannot make all five weeks of a session, please leave it blank.

..... Session 1: Saturday, June 16 - Wednesday, July 25 (Orientation on Saturday, June 16)

..... Session 2: Saturday, July 21 - Wednesday, August 29 (Orientation on Saturday, July 21)

Rising Stars volunteer from 11:00 – 4:00. Please check days you are available. Applicants must be available for class on Wednesdays.

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Rising Stars will be assigned to one work area for the duration of the five-week program. Please rank your areas of interest, 1 to 4 (for example: 1-Turbine Hall, 2- Life Science/Earth Science, 3-Early Childhood Education):

..... Turbine Hall (Chemistry, Physics, Technology)

..... Early Childhood Education

..... Life Science/Earth Science .

..... Featured Exhibits

Please select a preferred date to be interviewed for Rising Stars. Interviews are the next step in the application process. We will call and confirm your interview time no less than one week before the actual interview. Please indicate your first choice with a 1, second choice with a 2, and so on. Preference will be given to applicants who interview at an earlier date.

..... April 7 10-11:00 a.m.

..... April 8 10-11:00 a.m.

..... April 28 10-11:00 a.m.

..... April 29 10-11:00 a.m.

..... April 7 1-2:00 p.m.

..... April 8 1-2:00 p.m.

..... April 28 1-2:00 p.m.

..... April 29 1-2:00 p.m.

..... April 7 3-4:00 p.m.

..... April 8 3-4:00 p.m.

..... April 28 3-4:00 p.m.

..... April 29 3-4:00 p.m.

References

To be considered for Rising Stars, you must submit two completed reference forms. One reference must be from a teacher or a school counselor. References from family members or relatives will not be accepted. Please complete the following information for your reference and either include their form with this application or ask them to mail it to us no later than April 15, 2012. Reference forms are available on the Rising Stars web page.

Name: Email:

Relationship to you: Contact Phone: Completed form attached? Yes No

Name: Email:

Relationship to you: Contact Phone: Completed form attached? Yes No

Work, Volunteer, Academic and Other Experiences

Please describe your previous work or volunteer experiences:

.....
.....
.....
.....

Please list additional relevant extracurricular activities (sports, clubs, groups, etc.):

.....
.....
.....

Please list skills, special training, interests, or hobbies that you would be willing to share in your volunteer work.
(for example: customer service, working with children, art, theater, public speaking, research, etc.):

.....
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.....
.....

Science is our specialty!

Please list any science/technology coursework or experience that you would like to share with our visitors:

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.....
.....

OMSI serves a diverse audience and we are always seeking people willing to facilitate our visitors' experience in the museum.
If you are fluent in a language other than English, and are willing to share your skills in a translation and/or interpretation role, please indicate:

Yes No If Yes, please list languages:

Are you fluent in American Sign Language? Yes No

Where did you hear about volunteering at OMSI?

- OMSI website Friend or Family Member School Club or Community Organization
 Visiting OMSI Museum Employee or Volunteer Other (please list):

Why are you interested in volunteering at OMSI?

- Community Involvement Work Experience School Service Learning/ Community Service (number of hours):
 Court-Ordered Other (please explain):

What goals or outcomes do you wish to see as a result of your volunteer experience?

(Please be as specific as possible; this will help us determine placement and plan training opportunities in the future):

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.....
.....
.....

Certification

Please read carefully before signing application

- A. OMSI is an equal opportunity employer and will consider applicants for all volunteer positions without regard to race, color, sex, religion, creed, age, national origin, sexual orientation, gender identity, citizenship status, physical or mental disability, veteran's status, or any other status protected under applicable local, state, or federal law.

- B. The skill-sets of the applicant will be compared to those skill-sets needed to fulfill current volunteer positions. Placement will be made based on the recommendation of the volunteer staff and the museum education staff, and the willingness and ability of the applicant to perform the required duties at the times needed by the museum. Volunteers must be able to perform activities of daily living without assistance from OMSI staff while in the workplace.

- C. OMSI will not tolerate sexual harassment or harassment on the basis of any protected class status in the workplace.
 - I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission of the application will result in my being eliminated from further consideration. I further understand that, if accepted, any misrepresentation on written applications or in interviews that becomes known to OMSI may result in immediate dismissal.

 - I authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give OMSI's representative any relevant information regarding my previous employment and job performance. I release OMSI and all previous employers and supervisors from liability for any damages that may result from furnishing information to OMSI.

 - I agree to abide by existing and future instruction, rules and policies of OMSI. I understand that my position can be terminated at any time, at the option of either OMSI or myself.

 - I understand that OMSI is not responsible for transportation to or from the museum and all arrangements for transportation are to be established between myself and my parent/guardian. We release OMSI from liability for *(applicant's name)*

 - I grant OMSI and its agents and representatives my permission to publish, sell or otherwise use in any medium and for any lawful purpose, any photographs/images taken of me while volunteering, in perpetuity. I understand that these will be included in OMSI's stock photo files and may or may not be used in advertising and promotional mediums. I agree that the photos/images are the sole property of OMSI and waive any right to prior approval for any use of the photo(s)/image(s). I understand that OMSI is not compensating me for allowing the use of photos/images and I freely agree to these terms.

 - I agree that I offer my services as a volunteer with no expectation of monetary compensation and I fully understand that I will be required to attend all scheduled training sessions.

I have read and reviewed the above certification statements and other information on the application.

Yes **No**

Applicant's Signature:
Typed name accepted as signature

Date:

Parent or Guardian Signature:
(if under 18) Typed name accepted as signature

Date:

Submit your application to:
OMSI Volunteers
1945 SE Water Ave.
Portland, OR 97214

Or VolunteerServices@omsi.edu
Or fax it to 503-797-4568

You may contact our office at 503-797-4615.



Youth Volunteer Medical Information

This information is confidential and will be used only in the event that you require assistance. It will not, in any way, act as a condition of your acceptance into the volunteer program.

Name	Date / /
In case of emergency, contact:	
Name:	Relationship:
Home Phone: (.....)	Work Phone: (.....)
Cell Phone: (.....)	
Name:	Relationship:
Home Phone: (.....)	Work Phone: (.....)
Cell Phone: (.....)	

Does your child require any special accommodations in his/her work area? Yes No
 Note: Volunteers must be able to perform activities of daily living without assistance from OMSI staff while in the workplace.
 Describe:

Is he/she currently taking any medications regularly? Yes No
 Please list:

Does he/she have serious allergies? Yes No
 Please list:

Does he/she require emergency medication for these allergies? Yes No
 Please list and describe any medical administration that may be required in an emergency:

Do we have permission to give prescribed or over the counter medication to your child in the event of an allergic reaction? Yes No Restrictions? Initials

Please list/describe any medical conditions of which we or emergency personnel should be aware (e.g., seizures, diabetes, etc.):

I give my permission to release this information to emergency medical personnel and those persons who serve as my child's immediate supervisors. Yes No
I authorize the administration of First Aid by OMSI staff in the event of an emergency.
 Yes No

Parent or Guardian Signature: **Date:**
Typed name accepted as signature

