



Volunteer Application (For students 14-17 years old)



**Roper Mountain
Science Center**

A 402 Roper Mountain Road
Greenville, SC 29615

P 864.355.8900 F 864.355.8948

RoperMountain.org



Applicant information

Applicant Name _____

Phone _____ Email _____

Address: _____ City _____ State ____ Zip _____

School _____ Date of Birth _____

Parent/Guardian Name _____

Work Phone _____

Parent/Guardian Signature _____

Signature above indicates you understand you must pick up your child on time.

Opportunities and commitments

(Check those of interest to you.)

Animal Care

Minimum one day a week from 1:30 p.m. – 3:30 p.m. Training required. Ages 14 and up.

Check the days you are available

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Second Saturdays

Minimum six Second Saturdays. Hours are from 9:00 a.m. – 1:00 p.m. unless otherwise noted. Training required.

Check one

- Harrison Hall of Natural Science
Interpreting/demonstrating with animals or exhibits in all rooms
- Symmes Hall of Physical Science
Interpreting/demonstrating in Robotics and Physical Science
- Living History Farm
Interpreting/demonstrating historic trades and crafts. Ages 12-17. Training required. Volunteers must provide their own period-appropriate costume.



Health Form

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Applicant information

Volunteer Name _____

Day Phone _____

In case of emergency, please notify

Name _____ Relationship _____

Phone _____ Alternative Phone _____

Alternative Contact _____ Alternative Phone _____

Family Physician _____ Physician Phone _____

Immunizations Current (including tetanus)? Yes No

Limited power of attorney

If a serious emergency arises, it may be necessary for a physician to attend to your son or daughter before the staff is able to contact you. Such care can be provided only if you sign the following authorization for medical treatment:

I give the staff member in charge of my child limited power of attorney to act in my absence and to assure that my child receives the appropriate medical treatment at the time of illness or accident.

List any medical exemptions (allergy treatment, blood transfusions, etc.)

List any significant health problems

My child is currently taking medication(s) prescribed by her/his doctor. The following are medication name(s) and amount(s)

Printed Name or Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

Family Health/Accident Insurance Carrier _____