

Adult Volunteer Program



A 402 Roper Mountain Road Greenville, SC 29615

P 864.355.8900 F 864.355.8948

RoperMountain.org



General Information

Through the Roper Mountain Science Center Volunteer Program, adults aged 18+ will have the opportunity to engage in activities related to Physics, Chemistry, Engineering, Robotics, and Natural Science.

Thank you for your interest in the Volunteer Program at Roper Mountain Science Center. This exciting program will allow you the opportunity to work closely with the Specialists as well as assist with public events.

You will:

- Monitor and explain physical science, robotics, and natural science activities to visitors during public events.
- Assist with the preparation and maintenance of the labs, including replenishing basic chemicals, testing equipment, building/sorting robots and materials, cleaning/restoring labs, and maintaining animal habitats.
- Learn safety procedures and guidelines when working in a science lab.
- Be able to work with visitors in a welcoming and positive manner.

Requirements for new adult volunteers

Age: 18+

Application: Complete the attached application.

Background Check: All volunteers 18 years or older must submit their drivers license for a Greenville County School District Level 1 background check.

Orientation and Training: You must attend the mandatory orientation on Tuesday, May 15th or Thursday, May 17th at 4:00pm in the Symmes Hall of Science.

Commitment: Must volunteer a minimum of 5 public events per year.



Volunteer Job Description



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Objectives

Volunteers will...

- Help visiting children and adults relate to physics, chemistry, engineering, robotics, and natural science.
- Support the labs by working to maintain equipment, chemicals, and/or animal habitats.
- Support the Science Specialists and STEM Specialists behind the scenes.
- Work with the Specialists and Staff to develop and implement activities or exhibits and demonstrate to the public.
- Assist with setting up activities and leading the activities on public days.

Qualifications

Volunteers must be...

- 18+ years old for the Adult Volunteer Program or 14 17 years old for the Student Volunteer Program
- Able and willing to do tasks which are repetitive and complex.
- Able and willing to learn the necessary knowledge and skills.
- Able and willing to follow rules and instructions.
- Able and willing to cooperate and communicate with various audiences.

Responsibilities

The Specialists/Staff expect volunteers to...

- Learn how to explain and demonstrate all public event activities.
- Arrive on time and follow all lab rules.
- Help maintain and clean labs as needed.
- Have a pleasant demeanor with all visitors.



Volunteer Application (Adults 18+)



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Bring completed application to training:

Roper Mountain Science Center - 402 Roper Mountain Rd., Greenville, SC 29615

Applicant Information

Applicant Name

Phone		_ Email		
Address:				
Date of Birth				
Work Phone				
Opportunities (Check those of interest to you.)	and	l Com	mitm	ents
☐ Animal Care Minimum one day a week from 1	:30 p.m	- 3:30 p.m. Trai	ining require	ed.
Check the days you are available Monday Tuesday Wo		/ 🔲 Thursday	/ 🔲 Friday	,
■ Second Saturdays Minimum five Second Saturday otherwise noted. Training requi		are from 9:00	a.m 3:00) p.m. unless
Check one Harrison Hall of Natural Scier Interpreting/demonstrating		nals or exhibits	s in all roon	ns
Symmes Hall of Physical Scientification Interpreting/demonstrating in the second secon		cs and Physic	al Science	
Living History Farm Interpreting/demonstrating Volunteers must provide the			_	•

Want more information?

Contact Richane Robbins, at rrobbins@greenville.k12.sc.us or 864.355.8907 or Joe Blizzard, at jblizzar@greenville.k12.sc.us or 864.355.8914.



Health Form (adults 18+)



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Applicant Information

Volunteer Name	Date		
Day Phone			
In case of emergency, please notify	Relationship		
	Iternative Phone		
Alternative Contact	Alternative Phone		
Family Physician	Physician Phone		
Immunizations Current (including tet	anus)? 🔲 Yes 🔲 No		
Allergies			
List any significant health problems			
and amount(s).]	edication(s). [Please list medication name(s)		
Hoalth /Accident Incurance Carrier			