Print Form

Minnesota State University Regional Science Center
Volunteer Application Form

Name: _____ Date: _____
First Middle Last

Address: _____
Street City State Zip

Home Phone: _____ Email: _____

Employer: _____ Business Phone: _____

Birthdate: _____

Education (highest level earned: _____ Date completed: _____

Majors, minors or specialties: _____

If student, year in school: _____ Expected graduation date: _____

Work Experience _____

Volunteer Experience: _____

Are you presently employed: Yes ☐ No ☐ If yes, hours per week: _____

Skills, hobbies and special interests: _____

Expectations for volunteer experience: _____

How did you hear about Volunteer Program: _____

Time you are available for volunteer work: Hrs/wk _____

Daytime: Yes ☐ No ☐ Evenings: Yes ☐ No ☐ Weekends: Yes ☐ No ☐

Please return to: MSUM Regional Science Center, 1104 7th Avenue South, Moorhead, MN 56563
218.477.2904. Email: scicentr@mnstate.edu