



Greensboro Science Center General Volunteer Form

To be used for Special Events, Service Projects, and Shadows.

GENERAL INFORMATION

Today's Date: ____/____/____ Date of Birth: ____/____/____ Age: ____

Name:

Last First Middle

Email address: _____

EMERGENCY CONTACT

In case of emergency, the UNDERSIGNED requests that the GSC notify:

Name: _____
Last First Middle

Relationship to Volunteer: _____

Home #: _____ Cell#: _____

RELEASE

In consideration for the right to participate in the Greensboro Science Center's Volunteer Program, the UNDERSIGNED hereby assumes all responsibility for medical treatment and insurance to cover any injury or illness occurring while volunteering and the Center and holds the Greensboro Science Center harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, which arise from or in connection with volunteer activities and voluntarily assumes all risks that are not latent or created by the staff.

The UNDERSIGNED understands that the VOLUNTEER is covered by the Greensboro Science Center's liability insurance, but not by health, accident, or life insurance, workman's compensation or social security through the Greensboro Science Center. We further understand that if a staff supervisor requests the VOLUNTEER to perform a task that exceeds the VOLUNTEER'S physical capabilities, the VOLUNTEER is responsible for declining the assignment.

As used herein, the Greensboro Science Center shall include the museum, Animal Discovery Zoological Park, the OmniSphere, all the related museum galleries, labs, exhibits, its visitors, agents, employees, directors, curators, volunteers, members and sponsors, and the "UNDERSIGNED" shall be the father and/or mother, or the guardian, or the VOLUNTEER if eighteen years of age or older.

Volunteer Signature:

Date: ____/____/____

Name

Signature