

2017 Aquateen Application

Name: _____ Date: _____

Address: _____

Email address: _____

Telephone: Cell: (____) _____ Home: (____) _____

Indicate best method of communication with an asterisk *

Date of Birth:

In case of an emergency whom should we contact?

Name/Relationship: _____

Telephone: (____) _____

Allergies or other medical information we should be aware of in an emergency:

Current school and grade level: _____

What are your career plans? _____

What do you expect to get out of this program? _____

How did you hear about the Aquateen program? _____

Are you a member of the South Carolina Aquarium? _____

Have you ever volunteered with the South Carolina Aquarium? _____

Have you ever held a volunteer position before? _____

If yes, where? _____

Supervisor: _____

Do you have any previous animal experience? Explain briefly, or attach a resume.

Please list any wildlife conservation organizations that you support, work or volunteer for: _____

Please specify daily availability to volunteer: (AM) 8:30 – 1:00 *or* (PM) 12:30- 5:00
(circle all that apply):

Monday AM/PM Tuesday AM/PM Wednesday AM/PM Thursday AM/PM Friday AM/PM
Saturday AM/PM Sunday AM/PM

Please list any known vacation plans: _____

Do you have reliable transportation? _____

Dates available: from : _____ to _____

Have you been convicted of a felony or misdemeanor, other than a minor traffic offense which has not been pardoned or expunged from your record? _____

Conviction will not automatically disqualify you from the program.

I certify that the above information is correct.

Signature: _____ Date: _____

Parent Signature: _____ Date: _____

I support my child in this adventure.

Return application, essay, resume, and letter of reference to:

South Carolina Aquarium
Attn: Andrea Margiotta
100 Aquarium Wharf
Charleston, SC 29401

Or fax to: 843.579.8511