



2016 Aquateen Application

Name: _____ Date: _____

Address: _____

Email address (*please print clearly*- this is used for communication throughout the summer): _____

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

Indicate best method of communication with an asterisk "*"

Birthdate: _____

Emergency Contact:

Name/Relationship: _____

Telephone: (____) _____

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

Current School and grade level: _____

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? _____

Please specify availability to volunteer: (A) 8:30 – 1:30 or (P) 12:30- 6:00

Tuesday A/P Wednesday A/P Thursday A/P Friday A/P Saturday A/P

Please list any known vacation plans: _____

I understand that I must schedule make up shifts for each shift missed due to vacation. Signature: _____

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 and essay electronically to:

Kendyll Collins
kcollins@scaquarium.org

South Carolina Aquarium
100 Aquarium Wharf
Charleston, SC 29401

Or fax to: 843.579.8511