



## Aquateen Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: Cell: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_

Indicate best method of communication with an asterisk "\*"

Birthdate: \_\_\_\_\_

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 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

\_\_\_\_\_

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

Please specify availability to volunteer: (A) 8:30 – 1:00 or (P) 12:30- 5:00

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

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 and essay to:

Meghan Galipeau  
South Carolina Aquarium  
100 Aquarium Wharf  
Charleston, SC 29401

Or fax to: 843.579.8511