



DON HARRINGTON DISCOVERY CENTER
VOLUNTEER APPLICATION

(PLEASE PRINT)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell phone: _(____)_____ Email: _____

Age: _____

Emergency Contact Name: _____ Emergency Contact #: _(____)_____

Relationship: _____

Best time to contact you: Morning Afternoon Evening

Have you ever been convicted of a felony? _____Yes _____No

Have you ever been charged with a crime involving a child? _____Yes _____No

Explain: _____

Days Available to Work: Mon Tues Wed Thurs Fri Sat Sun
(Circle all that apply)

Times Available: Morning Afternoon Evening
(Circle all that apply)

Special Event(s): _____

By signing this form I hereby authorize the Don Harrington Discovery Center to use photographs and/or video recordings of myself for educational and promotional purposes only.

Volunteer Name (Print): _____

Volunteer Signature: _____

Date: _____

Parent or Guardian Signature: _____

(If volunteer is under 18)

*Questions please contact Kyle Hadley, Programs & Events Manager, by phone at (806) 355-9547 ext. 105 or email: khadley@dhdc.org