



Student Volunteer Application

Long Island Science Center

40 Peconic Avenue
Riverhead, NY 11901
(631) 208-8000

Name _____

Address _____

Home Phone _____ Cell _____

Email _____

Grade _____ School _____

Availability:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours:							

Emergency Contact:

Name _____ Relationship _____

Home Phone _____ Mobile _____

Address _____

Parent or Guardian if under 18:

Name _____ Phone _____

Guardian Signature _____ Date _____

Alternate Pick-Up Authorization: List names of adults who are authorized to pick up your child

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Parent/Guardian Signature: _____

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About you:

Tell us why the LISC is right for you:

Photo Release

I authorize Long Island Science Center to have, take, and use without payment, any photographs, slides, and/or video tapes of my child, as may be needed for public relations purposes, marketing, advertising, and/or internal training purposes.

YES NO

Parent/Guardian Signature: _____

Allergies _____

Special Accommodations _____

Physician's order for prescribed oral medication (Child must be able to take medication by themselves)

Medication: _____ dosage: _____

Significant side effects (adverse reactions) which should be reported to the physician: _____

Special Instructions: _____

Physician's Signature: _____

Physician's Emergency number: (_____) _____ - _____

Medication must be delivered to the LISC by parent (under 18) in the original container in which it was dispensed.