



Day Camp Volunteer Registration Form

Volunteer Name: _____
First Last

Parent/Guardian Name _____
First Last

Address _____
City State zip

Email Address _____

Father's Wk Phone _____ Father's Hm Phone _____

Mother's Wk Phone _____ Mother's Hm Phone _____

Emergency Contact _____ Wk Ph _____ Hm Ph _____

Birthdate: _____ Gender: _____ Grade: _____

Please list any past Mad Scientist Experience:

Biology: _____

Chemistry: _____

Physics/Math/Electronics: _____

Please indicate level of interest in the following:

- | | | | |
|--------------------------------|--|--|---|
| Biology/insects/sea life | <input type="checkbox"/> Very interested | <input type="checkbox"/> Somewhat interested | <input type="checkbox"/> Not too interested |
| Microscopy/photography | <input type="checkbox"/> Very interested | <input type="checkbox"/> Somewhat interested | <input type="checkbox"/> Not too interested |
| Chemistry | <input type="checkbox"/> Very interested | <input type="checkbox"/> Somewhat interested | <input type="checkbox"/> Not too interested |
| Physics/Motion/Flight/Sound | <input type="checkbox"/> Very interested | <input type="checkbox"/> Somewhat interested | <input type="checkbox"/> Not too interested |
| Electricity/Alternative Energy | <input type="checkbox"/> Very interested | <input type="checkbox"/> Somewhat interested | <input type="checkbox"/> Not too interested |
| Electronics/Robotics | <input type="checkbox"/> Very interested | <input type="checkbox"/> Somewhat interested | <input type="checkbox"/> Not too interested |

Other: _____

Please include the names and phone numbers of 3 people who have knowledge of your volunteer experience:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Yes No I give permission for _____ to Volunteer at the Mad Scientist Workshop.

Yes No I have read and understand the safety guidelines, and disciplinary actions in the attached safety rules, and understand that they apply to campers and volunteers.

Yes No I have also read, understand, and have signed the attached [Waiver and Assumption of Risk Agreement](#).

Please check one:

Parent, or Legal Guardian Date