



## Milwaukee Academy of Science Volunteer Application

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a parent or relative of a M.A.S. student?          Yes          No

Name of student: \_\_\_\_\_

What is your relation to this student? \_\_\_\_\_

Days and Times Available: \_\_\_\_\_

Area(s) of interest: \_\_\_\_\_

Current employer or place of employment: \_\_\_\_\_

### **Understanding and Authorization** *Please read carefully before signing*

I certify that all answers on this application are to the best of my knowledge true and that I have not withheld any pertinent information.

Signature: \_\_\_\_\_