



South County Family Educational  
and Cultural Center  
867 Ramona Avenue / P.O. Box 1117 (93483)  
Grover Beach, CA 93433  
(805) 473-1421 ~ ~ gbdiscoverycenter.org

## **YOUTH VOLUNTEER PROGRAM INFORMATION AND APPLICATION**

Thank you for considering the South County Family Educational & Cultural Center (SCFECC), also known as the Exploration Discovery Center ("the Center") Volunteer Program as the place to donate your time to help us fulfill our mission! Please give serious consideration to the commitment required to have a great volunteering experience.

This informational document will answer many of your questions, so please review this information with your parent/guardian and if you are then ready to make a commitment, please follow the next steps outlined at the end of the packet. We hope you will decide to join us.

### **Appearance**

You represent the Exploration Discovery Center, and your appearance reflects on our organization. A clean, neat, professional appearance is important to promote the professionalism expected by visitors to our campus.

### **Attendance**

Your presence is important, and we depend on you to report for duty as scheduled. It is your responsibility to report all absences to your supervisor. Repeated unexcused absences will be considered a lack of interest and will result in termination of your volunteer status. A Volunteer Timesheet will be provided, and you will be required to sign in and out each time you volunteer at the Center.

### **Community Service Hours**

For students who have community service hours to complete for school, service clubs or religious organizations, you must submit your Community Support Form along with your application.

### **Evaluation**

Your supervisor will complete an evaluation of your performance if needed and it will become part of your record as a Volunteer at the Exploration Discovery Center. This information will be used to help you develop your skills and for future references.

### **Health Requirements**

The Exploration Discovery Center ("the Center") is committed to the protection of children. Volunteers are required to meet health requirements to ensure the safety of our visitors. We will provide a health form to be completed by your physician to verify your immunizations. COVID vaccinations and booster are required. Your acceptance into the Youth Volunteer Program will be finalized when you have met the necessary health requirements.

### **Releases of Liability and Photographic Release**

If under the age of 18, the parent(s)/guardian(s) of the Applicant must complete a Release of Liability form and a Photographic Release form. These are standard documents required for all visitors, families, staff, and volunteers to the Center. Please make sure to complete all fields and initial in all areas **highlighted in yellow**. Should any photographs be taken, they are only used for marketing materials such as brochures and social media. We do not share any of your contact information, email and/or photos with any third party.

**Discover, Explore, Dream**

*Exploration Discovery Center is a 501(c)(3) tax-exempt organization. Federal Tax I.D. #77-0528255*

### **Interview**

First time applicants will be interviewed and given a general orientation/tour of the Center and work expectations which will last 10-15 minutes. Please arrive on time.

### **References**

Many Volunteers request references for college and scholarship applications. We are pleased to provide a reference for you once you fulfill your commitment to the Center. Attendance records and evaluations are considered when preparing references. Reference requests require **one-week advance notice**.

### **Orientation**

After your interview, we will request a list of dates and time blocks you are available to volunteer at the Center.

### **Training**

Training will be provided on your **first** volunteer day.

### **Valuables**

There are a limited number of spaces in the employee break area for personal belongings. We strongly encourage you to leave any valuables at home. While at the Center, you are responsible for your own personal belongings.

### **Steps To Become A Volunteer**

- Complete Youth Volunteer application
- Complete Health form to include any past and current immunizations history (to include COVID vaccinations and booster)
- Attach your Community Support form
- Complete school reference form from your school (can be completed by a Teacher, Guidance Counselor, Coach, FFA Teacher, 4H Project Leader, Scoutmaster, etc.)

### **Interview Coordination**

- You must complete the application prior to scheduling the interview.
- Scheduled your interview by calling (805) 473-1421

### **Interview Checklist**

- Completed application
- Health form completed by your physician **and** COVID vaccination card
- Completed (by parent/guardian) Release of Liability and Photographic Release
- Community Support form (as required by your school)
- Photo I.D. (school I.D., driver's license, valid green card, passport)

### **Questions?**

Exploration Discovery Center  
(805) 473-1421  
exec@gbdiscoverycenter.org

**YOUTH VOLUNTEER APPLICATION**

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

**STUDENT INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

Name of School/Organization \_\_\_\_\_

Current Year:  Freshman  Sophomore  Junior  Senior

Have you ever been found guilty of a misdemeanor or felony?

YES  NO

**PARENT/GUARDIAN INFORMATION**

**Father's Full Name** \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Email Address \_\_\_\_\_

**Mother's Full Name** \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Email Address \_\_\_\_\_

**Guardian's Full Name** \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Email Address \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (other than Parent or Guardian)**

**Full Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

**Internal Use Only**  
Reviewed By \_\_\_\_\_ Date \_\_\_\_\_  
Volunteer Job \_\_\_\_\_ Start Date \_\_\_\_\_

**AVAILABILITY**

Please indicate a checkmark (☐) for the days and time blocks you can be available to volunteer  
(e.g., 1 PM-3PM)

*\*Two (2) hour shifts are recommended; can work up to four (4) hours per shift\**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time blocks available							

**Interest Inventory**

- |   |  |
|---|--|
| <input type="checkbox"/> Aquaponics/Garden Area | <input type="checkbox"/> Gift Shop             |
| <input type="checkbox"/> Art Room               | <input type="checkbox"/> Food/Snack Area       |
| <input type="checkbox"/> Birthday Helper        | <input type="checkbox"/> Preschool Area        |
| <input type="checkbox"/> Cultural Area          | <input type="checkbox"/> Treehouse/Picnic Area |
| <input type="checkbox"/> Front Patio Play Area  | <input type="checkbox"/> Other _____           |

**FOR STUDENTS UNDER AGE 18, PARENT/GUARDIAN SIGNATURE IS REQUIRED**

I hereby accept this position as a Youth Volunteer at the South County Family Educational and Cultural Center (SCFECC), also known as the Exploration Discovery Center. I understand that any work I perform is on a volunteer basis and I understand I will receive no salary or compensation for my time.

I certify that the information that is provided on this application is complete and true. I further acknowledge falsification or omission of any significant information presented or requested on this application may result in rejection of this application or dismissal/termination.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**TO BE COMPLETED BY VOLUNTEER APPLICANT**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Do you have any physical disabilities which may affect your placement or job duties?     YES     NO

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide copy of your Immunizations card	<input type="checkbox"/>
Please provide copy of your COVID Vaccine card	<input type="checkbox"/>

Signature of Applicant \_\_\_\_\_ Date Signed \_\_\_\_\_



Signature of Parent/Guardian \_\_\_\_\_ Date Signed \_\_\_\_\_