

## EVANSVILLE MUSEUM

ARTS · HISTORY · SCIENCE

JOHN W. STREETMAN III  
DIRECTOR

Dear Student,

Hello and thank you for expressing interest in our Science Explainer Program here at the Evansville Museum! We are looking for dedicated individuals to be Science Explainers, and I am hoping you will join our program. A Science Explainer is a volunteer who helps out with Museum events and activities along with presenting science demonstrations here at the Museum. Events range from helping with our Girl Scout programs to working with children at special events like Astronomy Day or Kids & Grandparents Day. Science Demonstrations consist of 15-20 minute presentations of science experiments, performed for visitors in our science gallery. The program is meant to be a fun and educational experience as well as a great addition to a resume.

Enclosed are forms that we require each prospective Explainer to fill out and return to the Museum. You will need to complete the **Registration Form** and the **Volunteer Medical Release and Emergency Authorization Form**. The Medical Release form is very important, so please make sure that both pages are filled out and signed by you (if you are 18 or older), or by your parent or guardian. There are also two **Recommendation Forms** to be completed by adults who are not related to you.

Please note that there is a yearly fee of **\$13** for each prospective Explainer to join the Explainer Program. This fee is to help maintain our demonstration supplies as well as to save money for future Explainer field trips. To remain active in the program once you've enrolled, you will need to volunteer at least **once a month**. Of course, you are welcome to come in as often as you like!

Please look over the **Job Description Form**, and contact me if you have any questions. Each new Explainer is required to attend a special training to learn the experiments and safety skills necessary to participate in the program. Please contact me soon to schedule your training session.

If you have any questions about the program, please feel free to contact me. I look forward to meeting you!

Sincerely,

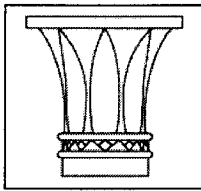
Amber Seibert  
Science Experiences Specialist  
(812) 425-2406 ext. 228  
amber@emuseum.org



411 S. E. RIVERSIDE DRIVE • EVANSVILLE, IN 47713 • (812) 425-2406 / FAX (812) 421-7509 • [www.emuseum.org](http://www.emuseum.org)



With the support of the  
Indiana Art Commission and  
National Endowment for the Arts



Evansville Museum  
Student Science Explainer Program

## REGISTRATION FORM

Instructions: Complete this form and return with two signed recommendation forms to the Evansville Museum.

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SCHOOL THAT YOU ATTEND: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENTS'/GUARDIANS' NAMES: \_\_\_\_\_

NAME AND TELEPHONE NUMBER OF SOMEONE TO BE REACHED IN CASE OF EMERGENCY: \_\_\_\_\_

WHY WOULD YOU LIKE TO JOIN THE EXPLAINER PROGRAM? (you can use the back of this sheet if necessary)

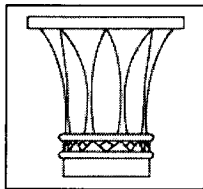
### CONSENT FORM

I, MR./MS. \_\_\_\_\_ GIVE MY PARENTAL OR GUARDIAN CONSENT  
FOR \_\_\_\_\_ TO ENROLL IN THE STUDENT EXPLAINER PROGRAM AT THE  
EVANSVILLE MUSEUM.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Return to: Amber Seibert  
Evansville Museum  
411 S.E. Riverside Dr.  
Evansville, IN 47713



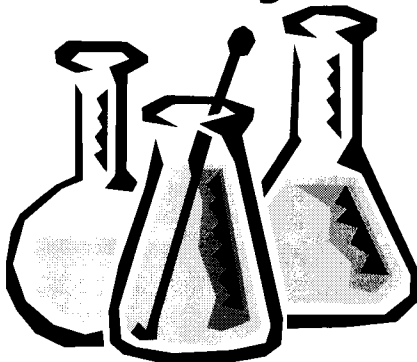
Evansville Museum  
Student Science Explainer Program

## Job Description

- \* Encourage visitors to interact with exhibits in the Science Galleries
- \* Learn and perform science demonstrations for Museum audiences
- \* Assist the Museum with the creation of new demonstrations and participatory devices for use in the Science Areas
- \* Provide general tours of the Koch Science Center when asked to do so
- \* Become familiar with the changing exhibitions in the Science Center
- \* Attend training sessions and meetings as required
- \* Cooperate with other team members in providing a quality experience for our visitors
- \* Schedule hours as needed to remain active in the program
- \* Help with special events at the Museum

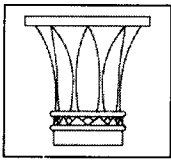
**Made any great scientific discoveries**

**lately?**









**Evansville Museum**  
**Volunteer Medical Release and Emergency Authorization Form**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In consideration for participating as a VOLUNTEER at the Evansville Museum, the UNDERSIGNED hereby assumes all responsibility for medical treatment and insurance to cover any injury or illness not covered by liability insurance as provided by the MUSEUM while volunteering for the MUSEUM or on the way to or from the site.

The UNDERSIGNED also agrees to hold the MUSEUM harmless from any and all liability, actions, causes of actions, debts, claims and demands of every kind and nature whatsoever, which arise from or in connection with volunteer activities and voluntarily assumes all risks.

The UNDERSIGNED understands that the MUSEUM does not provide coverage by health, accident of life insurance, or Social Security, and further understands that if a staff supervisor requests the VOLUNTEER to perform a task that exceeds the VOLUNTEER'S capabilities, the VOLUNTEER is responsible for declining the assignment.

Physical limitations preventing the VOLUNTEER from performing certain kinds of work are as follow:

\_\_\_\_\_

In case of emergency, the UNDERSIGNED requests that the following person, parent or guardian be notified:

\_\_\_\_\_  
 NAME

\_\_\_\_\_  
 WEEKDAY TELEPHONE NUMBER

\_\_\_\_\_  
 WEEKEND TELEPHONE NUMBER

In the event reasonable attempts to contact the above are unsuccessful, the UNDERSIGNED hereby gives consent for:

(1) The administration of any treatment deemed necessary by

Dr. \_\_\_\_\_ at \_\_\_\_\_ or  
PREFERRED PHYSICIAN TELEPHONE

Dr. \_\_\_\_\_ at \_\_\_\_\_  
PREFERRED DENTIST TELEPHONE

Or, in the event the DESIGNATED preferred practitioner is not available, by another licensed physician or dentist; and

(2) The transfer of the VOLUNTEER to \_\_\_\_\_, or any other hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity of such surgery, are obtained before the surgery is performed.

Facts concerning medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted are as follow:

\_\_\_\_\_

The VOLUNTEER is covered by personal health and accidental injury insurance as indicated below:

\_\_\_\_\_  
INSURANCE COMPANY

\_\_\_\_\_  
POLICY NUMBER

As used herein "MUSEUM" shall refer to the Evansville Museum of Arts and Science; the "UNDERSIGNED" shall be the "VOLUNTEER" if that person will be at least 18 years of age at the time of the event begins, and otherwise "UNDERSIGNED" shall be that person's father and/or mother or guardian having legal custody of the "VOLUNTEER"

\_\_\_\_\_  
VOLUNTEER'S SIGNATURE

\_\_\_\_\_  
DATE

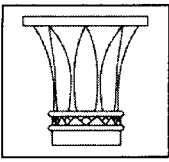
\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

Evansville Museum  
Attn: Amber Seibert  
411 S.E. Riverside Drive  
Evansville, IN 47713

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



# Evansville Museum

## Volunteer Medical Release and Emergency Authorization Form

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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WEEKEND TELEPHONE NUMBER