



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: _____