Today's Date _____ Student Name_____
Preferred Name to Use_____ Best contact number_____Alternate contact number _____ Student Email address _____ Grade for the 2025-26 School Year _____ School Name _____ How will the student transport themselves to volunteer at the VC?_____
Birthdate_____/_____/_____ Are you a US Citizen? _____ Were you born in the US (if not, please list where)?_____
Additional notes (medical concerns, etc.)/Is there anything that we need to know to help you volunteer?
_____
_____

_ **Guardian Information (this will also be used for emergency contact purposes):**
Guardian Name_____ Relationship to volunteer_____
Best Contact Number _____Alternate contact number (if any) _____
Guardian email address _____

AVAILABILITY Please indicate your availability for volunteer assignments:
Number of days per week/month _____
Preferred Days/Time:

☐ Thursday ☐ Friday ☐ Saturday

Morning 10:00 am – 12:30 pm | Afternoon 12:30 pm – 3:00 pm | No preference

☐ ☐ ☐

Are you available to volunteer at special events or activities and launches held on evenings and weekends as needed? Yes / No

To Be Completed by Guardian (or Volunteer if 18 years old and over)

Provision of the information requested by this form is voluntary although completion of the form is necessary if you wish to participate in the Goddard Space Flight Center volunteer program. The volunteer program itself is authorized by the National Aeronautics and Space Act of 1958, as amended 42 USC 2451 et seg. The primary use of the data is to determine eligibility for the Goddard volunteer program. The data will be maintained in accordance with the "Privacy Act" requirements covering the GSFC system of record for personnel records.

I, _____(print name), on behalf of _____(print "self" or name of minor), acknowledge that my services as a volunteer at the Visitor Center are provided to NASA/Goddard Space Flight Center on a voluntary and unconditional basis. I agree that I am/they are not entitled to any compensation for the services I/they provide and neither heir's successors, myself/themself or assigns shall make any claim for such compensation. I/they agree to observe and follow all statues and regulations. Including NASA and Goddard regulations, which apply to conduct on Government premises, including but not limited to compliance with the Standards of Conduct applicable to NASA Employees set forth in NASA handbook (NHB) 1900.1. NASA Goddard Space Flight Center shall provide appropriate schedules for my/their services, and may at any time decline further use of my/their services. I/They recognize that my/their conduct may reflect on NASA Goddard Space Flight Center

Signature_____ Date_____

while subject services are provided, and I/they agree to conduct myself/themself in a courteous and respectful manner.