STEM Salem — Volunteer Registration Form

Harvest-Time Worship Center | Salem, NJ
salem.htwcsalem.org | stemsalem@htwcsalem.org | 856.935.2948

Thank you for your interest in volunteering with STEM Salem! Please complete this form so we can learn about you and match you to the right role. Fields marked * are required.

1. CONTACT INFORMATION

Full Name *

Email Address *

Phone Number *

Mailing Address *

City

State

ZIP Code

Date of Birth

Age Category

☐ Under 18 ☐ 18–24 ☐ 25–39 ☐ 40–59 ☐ 60+

If under 18, a parent/guardian must also complete the consent section on the final page.

Emergency Contact — Name

Emergency Contact — Phone

2. WHICH BEST DESCRIBES YOU? (CHECK ALL THAT APPLY)

☐ STEM professional ☐ Corporate employee / team ☐ University / college student ☐ K–12 educator ☐ Retiree ☐ Other

If "University/college student" or "Other," please specify:

University Partners: If you are completing a practicum, field placement, or service-learning requirement, we can provide documentation of hours and supervisor verification — see Section 6.

STEM Field / Profession / Area of Study

Employer / School / Organization (if applicable)

3. VOLUNTEER ROLE INTEREST (CHECK ALL YOU'D LIKE TO BE CONSIDERED FOR)

☐ **Workshop & Lab Facilitator**
Lead/co-lead hands-on STEM sessions (robotics, healthcare, renewable energy, coding, engineering design).

☐ **STEM Mentor**
Share your STEM career journey; provide 1-on-1 and small-group guidance.

☐ **STEM Challenge & Competition Coach**
Support team-based STEM challenges; help design or judge activities.

☐ **Program Support Volunteer**
Assist with setup, materials, logistics, and creating a welcoming environment.

Grade-Level Preference (check all that apply)

☐ K–2 ☐ 3–8 ☐ 9–12 ☐ No preference

STEM Topics You Could Help Lead or Support (e.g., robotics, coding, healthcare, engineering)

4. EXPERIENCE & MOTIVATION

Relevant Experience (teaching, mentoring, youth programs, STEM work, etc.)

Why do you want to volunteer with STEM Salem?

Relevant Certifications / Licenses (if any, e.g., teaching license, engineering license)

5. AVAILABILITY & COMMITMENT

STEM Sunday sessions run one Sunday per month, 2–4 hours per session, September 2026 – August 2027 (pilot year). Specific dates and venue are confirmed upon scheduling.

How often could you commit to volunteering?

☐ Every month ☐ Every other month ☐ A few times a year ☐ One-time only ☐ Not sure yet

Days/times that generally work best for you

Known blackout dates or scheduling constraints over the next 12 months

6. UNIVERSITY / INSTITUTIONAL PARTNERSHIP (SKIP IF NOT APPLICABLE)

School / Institution

Program / Department

Faculty Supervisor Name & Email

Required Volunteer Hours

7. BACKGROUND CHECK ACKNOWLEDGMENT

All volunteers working directly with minors are required to complete a background check prior to participating in STEM Sunday programming. STEM Salem will provide instructions upon confirmation of your volunteer interest.

☐ I understand that a background check is required before I can work directly with minors in STEM Sunday programming, and I consent to complete this process if selected.

How did you hear about STEM Salem?

8. CONSENT, WAIVER & SIGNATURE

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that STEM Salem, a program of Harvest-Time Worship Center (HTWC), may verify this information and, if applicable, require completion of a background check before I begin volunteering. I agree to follow all STEM Salem and HTWC policies and the direction of program staff and lead facilitators while volunteering. I understand that volunteering is unpaid and voluntary, and that either I or STEM Salem may end my volunteer service at any time. In consideration of being permitted to participate as a volunteer, I release and hold harmless Harvest-Time Worship Center, STEM Salem, its staff, and program partners from any claims, liability, or damages arising from my participation, except in cases of gross negligence or willful misconduct. I consent to being photographed or recorded during STEM Salem activities for program documentation and promotional purposes, unless I notify STEM Salem staff in writing that I decline.

☐ **I have read and agree to the statement above. ***

Signature (type full name) *

Date *

If the volunteer is under 18, a parent or legal guardian must also sign below.

Parent/Guardian Name (if applicable)

Parent/Guardian Signature & Date

For Office Use Only

Date Received

Reviewed By

Background Check Status

Assigned Role(s)

Please return this completed form to stemsalem@htwcsalem.org or mail to
Harvest-Time Worship Center, PO Box 123, Salem, NJ 08079