



ADULT VOLUNTEER APPLICATION

Date ___/___/___

Name _____

Address _____

City _____ Zip _____ Email _____

Home Phone _____ Cell Phone _____

Are you a seasonal resident? ___ No ___ Yes. If yes, what months are you in town? _____

I am: Female Male

Best way to contact you: Email Home Phone Cell Phone Text

Education: (please circle last year attended) 9 10 11 12 College: 1 2 3 4 Degree: _____

Please indicate Volunteer Opportunities of interest to you:

- | | |
|---|--|
| <input type="checkbox"/> Class Aid | <input type="checkbox"/> Community Liaison |
| <input type="checkbox"/> Birthday Party Aid | <input type="checkbox"/> Office Aide |
| <input type="checkbox"/> Museum Handy Man | <input type="checkbox"/> Other |
| <input type="checkbox"/> Special Events | |

____ Other: _____

If you would like to work with children, with what age group(s) are you most comfortable?

Preschool _____ Grades K-3 _____

Special interests, hobbies, skills and talents:

Availability: Please fill in the times you are available on the given days below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
TIME							

List any health or physical restrictions: _____

Most recent work experience:

Dates _____

Business _____

Address _____

List Your Duties and Responsibilities _____

Other Volunteer Experience:

Dates _____

Organization _____

List your duties and responsibilities _____

Personal Reference: Name: _____ Phone: _____

In case of emergency, notify: Name: _____

Phone _____ Relationship: _____

I, _____, understand reference and background checks will be conducted by the organization. I also understand that untruthful, misleading or omitted information may result in my release. When I commit to a project or task, I will follow through, or assist the Museum in finding a qualified replacement for my obligation. I will respect all other volunteers, employees, and visitors to the Museum.

SIGNED AFFIDAVIT

The undersigned hereby releases the city of Boynton Beach, Florida and the Boynton Cultural Centre, Inc. d/b/a Schoolhouse Children's Museum for any injury or damages incurred as a result of the exercise of _____'s duties as a volunteer worker for said municipality, and further agrees to hold the City of Boynton Beach, Florida and the Boynton Cultural Centre, Inc., harmless for any claims or damages incurred as a result of his/her actions.

Applicant's Signature: _____ Date: _____

Please return this form to:
volunteers@schoolhousemuseum.org