



Museum Department	Supervisor's Name
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FLORIDA MUSEUM OF NATURAL HISTORY VOLUNTEER APPLICATION
(CONTINUED)

References:

Name: _____ Phone (_____) _____

Address: _____ Relationship to you: _____
(Street, City, State, ZIP)

Name: _____ Phone (_____) _____

Address: _____ Relationship to you: _____
(Street, City, State, ZIP)

Have you ever pleaded *nolo contendere* (no contest) to, or been convicted of or found guilty of (even if adjudication withheld) a first-degree misdemeanor or a felony?

____ Yes _____ No

If yes, please provide dates, offenses and disposition of each offense:

NOTE: All applicants are subject to a background check.

By signing this application, I, as a participant, agree that: 1) I have carefully read the list of activities and requirements for the Museum Volunteer Program; 2) I certify that I do not have any mental, physical, or other condition or disability that would create a hazard for myself or other participants and I am aware that the volunteer position(s) that I am applying for and associated activities may involve the risk of personal injury or death; 3) I voluntarily accept all risk of personal injury or death arising from participating in the Museum Volunteer Program; and 4) I agree that I, and my dependents, heirs, executors and assigns do release and hold harmless the Florida Museum of Natural History, the University of Florida Board of Trustees, the Florida Board of Governors, and the State of Florida, and each of their officers, directors, employees, representatives, agents, and volunteers (collectively, the "Releasees"), from any and all liability, however caused, for any and all claims or causes of action that I, my estate, heirs, executors, or assigns may have for any damage, loss, illness, personal injury, death, or property damage arising out of or pertaining to my participation as a museum volunteer, whether caused by the negligence of Releasees, or otherwise.

_____ Please initial if you do NOT want to receive correspondence from Museum departments other than the Volunteer Program.

Signature _____ Date _____

NOTE: All volunteers whose applications have been entered into the Florida Museum volunteer database are covered by Workers' Compensation and should immediately report any injury to your staff supervisor for follow-up. For more information, phone 352-273-2055.

Welcome to the Volunteer Program at the Florida Museum of Natural History!

Help us "Go Green" by submitting your completed application electronically to
volunteers@flmnh.ufl.edu

Or mail your completed application to
Volunteer Coordinator, PO Box 112710, Gainesville, FL 32611-2710

