

VOLUNTEER APPLICATION

<u>Please print legibly</u>. Note: this application is for applicants age 18 or older. If you are under 18, notify the Volunteer Coordinator before completing an application.

Name: (First)(l		(Last	Last)		_ Birth Date:	
Email Address	: (PRINT)_					
Phone #1: (_)		Phone	e #2:()		
Address:						
	Street	Apt.#	City	Stat	e <i>ZIP</i>	
Current UF stu	dent/emplo	yee? No	Yes	My UF ID# is: _		
•		F student/empl	•	provide vehicle ta	ng #'s (up to 2) f	for
nee parking pe						
Emergency co						
	naı	ne		phone	9	
Education:						
High school/othe	er:					
Special Skills/I	nterests/Ho	bbies:				
Foreign Langu	ages Spoke	n (specify fluent	t or limited, in	clude ASL):		
Volunteer Experience						
Professional/W Experience						
Are you volunte	ering to fulfil	a community se	ervice or scho	ool requirement? _	Yes _	No
If yes, how man	y hours are i	required?		Deadline for comple	ting service?	
How did you hea	ar about volu	ınteering at the I	Museum?			
IF YOU HAVE AL AND SUPERVISO			RING WITH TH	E MUSEUM, PLEASE	LIST YOUR DEF	PARTMENT
Museum Depart	ment			Supervisor's	s Name	

FLORIDA MUSEUM OF NATURAL HISTORY VOLUNTEER APPLICATION (CONTINUED)

References:				
Name:	Phone ()			
Address:(Street, City, State, ZIP)	Relationship to you:			
Name:	Phone ()			
Address:(Street, City, State, ZIP)	Relationship to you:			
Have you ever pleaded <i>nolo contendere</i> (no co adjudication withheld) a first-degree misdemeaYesNo	entest) to, or been convicted of or found guilty of (even if anor or a felony?			
If yes, please provide dates, offenses and disp	osition of each offense:			
NOTE: All applicants are subject to a backgrou	ind check.			
requirements for the Museum Volunteer Progracondition or disability that would create a haza volunteer position(s) that I am applying for and death; 3) I voluntarily accept all risk of persona Volunteer Program; and 4) I agree that I, and m harmless the Florida Museum of Natural Histor Governors, and the State of Florida, and each ovolunteers (collectively, the "Releasees"), from causes of action that I, my estate, heirs, executive	agree that: 1) I have carefully read the list of activities and am; 2) I certify that I do not have any mental, physical, or other and for myself or other participants and I am aware that the diassociated activities may involve the risk of personal injury or all injury or death arising from participating in the Museum by dependents, heirs, executors and assigns do release and hold ry, the University of Florida Board of Trustees, the Florida Board of of their officers, directors, employees, representatives, agents, and in any and all liability, however caused, for any and all claims or stors, or assigns may have for any damage, loss, illness, personal of or pertaining to my participation as a museum volunteer, whether the envise.			
Please initial if you do NOT want to rec Volunteer Program.	eive correspondence from Museum departments other than the			
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



