



IT'LL GROW YOUR MIND.

Volunteer Application: Day Camp

Today's Date _____

Tell us about yourself

Name _____ Date of Birth ____/____/____

Address _____ City _____

State _____ Zip _____ Home Phone _____ Cell Phone _____

Email _____

What is the best way to contact you? _____

Why are you volunteering? Bright Futures Class Credit Other: _____

How many hours are you seeking? _____

What are your hobbies? _____

What is your favorite children's book? _____

Emergency Contact

(1) Name _____ Relationship _____

Phone _____ Email _____

(2) Name _____ Relationship _____

Phone _____ Email _____

Volunteer Experience & Skills

Have you ever volunteered or worked for a children's organization before? If yes, please describe. YES NO

What skills, talents and interests do you have that might help us find the best possible volunteer position for you?

What do you hope to gain from your volunteer experience? _____



Education & Background

Please indicate the highest grade or level of school completed:

- 8th Grade
 9th Grade
 10th Grade
 11th Grade

What school do you attend? _____

What is your favorite subject? _____

Do you have any special needs or limitations in order to volunteer? YES NO

If yes, please explain: _____

Personal References

(1) Name _____ Years Known _____

Phone _____ Email _____

(2) Name _____ Years Known _____

Phone _____ Email _____

Reference & Background Check Authorization

I give permission to contact my references and to conduct a criminal background check: YES NO

Mandatory Orientation

A mandatory Volunteer Orientation will be required to participate in this program. It will better acquaint you with the building, expectations, and important policies and procedures. Date: TBA

I fully understand and acknowledge that, in volunteering for the Glazer Children's Museum, I am entering into an AT WILL relationship and that this relationship can be terminated at any time by me or the Museum.

To the best of my knowledge all information I have provided is true and complete. I understand that giving false information can be grounds for immediate dismissal.

I understand that I may come in contact with sensitive client information and that this information is confidential and is not to be repeated or shared.

I understand that I may be photographed while volunteering the Museum and grant permission for the use of my photo or likeness in any Museum publications and approved media sources unless I request otherwise in writing.

Volunteer Signature _____ Date _____

If under 18: Parent/Guardian Signature _____

Return Completed Applications to:

Volunteer Coordinator: Katie Powers

Email: kpowers@glazermuseum.org

Phone: 813-443-3815

Fax: 813-443-3841

Address: 110 West Gasparilla Plaza, Tampa, FL 33602