



Group Application

Today's Date _____

Organization Information

Name _____ Affiliation _____

Address _____ City _____

State _____ Zip _____ Office Phone _____

 Are the members over 14 years old? YES NO

What does your group hope to gain from their volunteer experience? _____

In what area (s) does your group wish to volunteer their time? (Please rank 1-first choice;2-second choice, etc.)

_____ Special Events / Projects

_____ Administrative Support

_____ Visitor Services

_____ Programming (Story Time, Field Trips, Birthday Parties)

_____ Exhibit Guide (Engaging with Visitors on Museum Floor)

_____ Other: _____

Primary Contact Information

Name _____

Address _____ City _____

State _____ Zip _____ Home Phone _____ Cell Phone _____

Email _____

What is the best way to contact you? _____

When is the best time of day to contact you? _____

As a representative of my organization, I fully understand and acknowledge that, in volunteering for the Glazer Children's Museum, we are entering into an AT WILL relationship and that this relationship can be terminated at any time by my organization or the Museum.

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

Signature _____ Date _____

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

Thank you for supporting the Glazer Children's Museum!