



IT'LL GROW YOUR MIND.

Volunteer Application

Today's Date _____

Tell us about yourself

Name _____

Address _____ City _____

State _____ Zip _____ Home Phone _____ Cell Phone _____

Email _____

Are you over 18 years old? YES NO

What is the best way to contact you? _____

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

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? _____

In what capacity do you wish to volunteer your 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: _____



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Availability

On the grid below indicate the seasons and months you are available.

Spring	Summer	Fall	Winter	Year-round

On the grid below indicate the day(s) and time(s) you are available.

	AM From	To	PM From	To
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

About how many hours per month/week do you wish to volunteer? _____

Education & Background

Please indicate the highest degree or level of school completed:

- High School / GED
- Some College / Associate Degree
- Bachelor's Degree
- Master's Degree
- Professional Degree (i.e. MD, DDS, JD)
- Doctorate Degree (i.e. Ph.D., Ed.D.)

Are you currently a student? YES NO

What school do you attend? _____

Area of study? _____

Indicate your current employment status: Employed Full-time Employed Part-time Retired Not Employed

If employed:

Organization _____ Position _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Do you have any special needs or limitations that we should know before you start volunteering? YES NO

If yes, please explain: _____

Have you ever been convicted of a felony? YES NO

If yes, please explain: _____



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Personal References

(1) Name _____ Years Known _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

(2) Name _____ Years Known _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Reference & Background Check Authorization

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

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

Thank you for supporting the Glazer Children’s Museum!