



Please Print

Date of Application: _____

First Name: _____ Last Name: _____ Middle Initial: _____

Phone Number: _____ Alternate Phone: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Previous Volunteer Experience:

Special Skills & Training (ex: computer skills, public speaking, dive certification, foreign language, etc):

Please circle all areas in which you would be interested in volunteering:

Education Programs

Tour Guide

Greeting / Information

Planetarium

Office/Database

Collections

Special Events

Aquarium

Do you prefer to work with:

Children

Adults

Both

What are your preferred days and times of availability?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday As needed

Mornings Afternoons Evenings (Special Events) Ideally: _____

Emergency Contact Name: _____

Relationship to Applicant: _____ Phone: _____

Current Employer / Position: _____

Please provide two personal or professional references:

1. Name: _____ Phone: _____

Email Address: _____ Relationship: _____

2. Name: _____ Phone: _____

Email Address: _____ Relationship: _____

I certify that to the best of my knowledge all of the statements contained herein are true, correct, and made in good faith.

I agree to abide by all of the policies of the South Florida Museum and Bishop Planetarium.

I understand that I may be relieved of my volunteer position at any time at the discretion of Museum staff.

Signed: _____ Date: _____

Next Steps:

Mail or email your application to:

Volunteer Department

South Florida Museum

P.O. Box 9265

Bradenton, FL 34205

Please email volunteer@southfloridamuseum.org with any questions or call **Susan McCarthy at 941-746-4131, ext 13.**

After your application has been received and if an appropriate match can be made, a representative from the Museum will contact you to discuss the program.

Inclusion of a cover letter, letter of recommendation or resume along with your application is recommended.

Office Use Only

Date of Interview: _____ Interviewed by: _____

Code of Ethics Signature: Yes / No

Volunteer Assignment: _____ Volunteer Orientation attended (Date): _____

Date of Leave: _____ Notes: _____