



For Office Use Only: VW # _____
Orientation Date: _____
Start Date: _____
Categ. & Dept: Dic McG Pow
Job: _____
Supervisor: _____
Prkng Prmt _____ Nametag _____

VOLUNTEER APPLICATION

Please print legibly. 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) _____ (last) _____ Date: _____ Birth Date: _____

Email Address: (*PRINT*) _____

Phone #1: (____) _____ Phone #2:(____) _____

Address: _____
street apt.# city state zip

Current UF student/employee? No _____ Yes _____ My UF ID# is: _____

If you are NOT a current UF student/employee, please provide vehicle tag #'s (up to 2) for free parking permit _____

Emergency contact: _____
name phone

Education:

High school/other: _____

College/University(*major/minor*) _____

Special Skills/Interests/Hobbies: _____

Foreign Languages Spoken (*specify fluent or limited, include ASL*): _____

Volunteer Experience _____

Professional/Work Experience _____

Are you volunteering to fulfill a community service or school requirement? _____ Yes _____ No

If yes, how many hours are required? _____ Deadline for completing service? _____

How did you hear about volunteering at the museum? _____

IF YOU HAVE ALREADY BEGUN VOLUNTEERING WITH THE MUSEUM, PLEASE LIST YOUR DEPARTMENT AND SUPERVISOR ON THE LINE BELOW:

Museum Department

Supervisor's Name

FLORIDA MUSEUM OF NATURAL HISTORY VOLUNTEER APPLICATION
(CONTINUED)

References:

Name: _____ Phone(_____) _____

Address: _____ Relationship to you: _____
(Street,city,state,zip)

Name: _____ Phone(_____) _____

Address: _____ Relationship to you: _____
(Street,city,state,zip)

Have you ever pleaded *nolo contendere* (no contest) to, or been convicted of or found guilty of (even if adjudication withheld) a first degree misdemeanor or a felony?

___ Yes ___ No

If yes, please provide dates, offenses, and disposition of each offense:

NOTE: All applicants are subject to a background check.

By signing this application, I, as a participant, agree that: 1) I have carefully read the list of activities and requirements for the Museum Volunteer Program; 2) I certify that I do not have any mental, physical, or other condition or disability that would create a hazard for myself or other participants and I am aware that the volunteer position(s) that I am applying for and associated activities may involve the risk of personal injury or death; 3) I voluntarily accept all risk of personal injury or death arising from participating in the Museum Volunteer Program; and 4) I agree that I, and my dependents, heirs, executors and assigns do release and hold harmless the Florida Museum of Natural History, the University of Florida Board of Trustees, the Florida Board of Governors, and the State of Florida, and each of their officers, directors, employees, representatives, agents, and volunteers (collectively, the "Releasees"), from any and all liability, however caused, for any and all claims or causes of action that I, my estate, heirs, executors, or assigns may have for any damage, loss, illness, personal injury, death, or property damage arising out of or pertaining to my participation as a museum volunteer, whether caused by the negligence of Releasees, or otherwise.

Signature _____ Date _____

NOTE: All volunteers whose applications have been entered into the FLMNH 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

