



# **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) \_\_\_\_\_ Birth Date: \_\_\_\_\_

Preferred Name for ID badge: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Email Address: (*PRINT*) \_\_\_\_\_

Address: \_\_\_\_\_  
*street apt.# city state zip*

Phone #1: (\_\_\_\_) \_\_\_\_\_ Current UF student/employee? No \_\_\_\_\_ Yes \_\_\_\_\_

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:

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**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.

\_\_\_\_\_ Please initial if you do NOT want to receive correspondence from museum departments other than the volunteer program.

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](mailto:volunteers@flmnh.ufl.edu)

Or mail your completed application to  
Volunteer Coordinator, PO Box 112710, Gainesville, FL 32611-2710

