



**UNIVERSITY OF
FLORIDA**



Randell Research Center at Pineland

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VOLUNTEER INFORMATION FORM

Name: _____ Date: _____

Local address: _____ Street _____
 check if seasonal resident
 City: _____ State: _____ Zip: _____

Local phone: (____) _____ Email address: _____

Social Security No. (for worker's comp.) _____ Birthday (year optional): _____

Emergency Contact: _____

Name	Relationship	Home #	Other #
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How did you become interested in or learn about our volunteer program? _____

Please let us know your reasons for wanting to volunteer at the RRC: _____

Where have you volunteered before? _____

Current status (select all that apply):
 Retired Professional volunteer
 Employed If yes, where? _____
 Student If yes, where? _____
 Other _____

Educational Degrees: _____
 Additional/Special training: _____
 What languages (including sign) do you speak? _____
 Limitations related to health: _____

Please select volunteer areas of interest to you
 Office work Site clearing and maintenance Docent and/or Greeter
 Archaeological fieldwork Archaeological labwork Special events

Please circle which day(s) you would like to volunteer: Mon Tue Wed Thu Fri Sat Sun

Please circle which time(s) you would like to volunteer: morning afternoon specific times: _____ to _____

Please mail to P.O. Box above, or hand-deliver to street address above.