

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:** _____**Address:** _____
Street Apt.# City State ZIP**Phone:** (_____) _____ **Current UF student/employee?** Yes No If you are NOT a current UF student/employee, please provide vehicle tag #'s (up to 2) for a free parking permit:
_____**Emergency Contact:** _____
Name Phone Relation**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

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.

_____ Please initial if you do NOT want to receive correspondence from Museum departments other than the volunteer program.

_____ Please initial that you hereby give permission to the Florida Museum to take photography or video of you in your volunteer position. In addition, you understand that acceptance to a Florida Museum volunteer program implies the applicant's consent regarding the possibility of appearing in Museum marketing materials for educational and/or promotional purposes.

Signature: _____ Date: _____

NOTE: All volunteers whose applications have been entered into the Florida Museum volunteer database are covered by Workers' Compensation and should immediately report any injury to your staff supervisor for follow-up. For more information, call 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
vertpaleo@floridamuseum.ufl.edu or mail it to the address below.