



# ADULT VOLUNTEER APPLICATION

Date \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you a seasonal resident? \_\_\_ No \_\_\_ Yes. If yes, what months are you in town? \_\_\_\_\_

I am:  Female  Male

Best way to contact you:  Email  Home Phone  Cell Phone  Text

Education: (please circle last year attended) 9 10 11 12 College: 1 2 3 4 Degree: \_\_\_\_\_

**Please indicate Volunteer Opportunities of interest to you:**

- |   |  |
|---|--|
| <input type="checkbox"/> Museum Docent            | <input type="checkbox"/> Community Liaison       |
| <input type="checkbox"/> Arts & Crafts Volunteer  | <input type="checkbox"/> Office Aide             |
| <input type="checkbox"/> Birthday Party Volunteer | <input type="checkbox"/> Photographer            |
| <input type="checkbox"/> Museum Handy Man         | <input type="checkbox"/> Pick-up & Clean-up Crew |
| <input type="checkbox"/> Train Maintenance Man    | <input type="checkbox"/> Special Events          |

Other: \_\_\_\_\_

If you would like to work with children, with what age group(s) are you most comfortable?

Preschool \_\_\_\_\_ Grades K-3 \_\_\_\_\_

**Special interests, hobbies, skills and talents:**

\_\_\_\_\_  
\_\_\_\_\_

**Availability:** Please fill in the times you are available on the given days below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
TIME							

List any health or physical restrictions: \_\_\_\_\_

\_\_\_\_\_

**Most recent work experience:**

Dates \_\_\_\_\_

Business \_\_\_\_\_

Address \_\_\_\_\_

List Your Duties and Responsibilities \_\_\_\_\_

**Other Volunteer Experience:**

Dates \_\_\_\_\_

Organization \_\_\_\_\_

List your duties and responsibilities \_\_\_\_\_

**Personal Reference:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**In case of emergency, notify:** Name: \_\_\_\_\_

Phone \_\_\_\_\_ Relationship: \_\_\_\_\_

*I, \_\_\_\_\_, understand reference and background checks will be conducted by the organization. I also understand that untruthful, misleading or omitted information may result in my release. When I commit to a project or task, I will follow through, or assist the Museum in finding a qualified replacement for my obligation. I will respect all other volunteers, employees, and visitors to the Museum.*

**SIGNED AFFIDAVIT**

***The undersigned hereby releases the city of Boynton Beach, Florida and the Boynton Cultural Centre, Inc. for any injury or damages incurred as a result of the exercise of \_\_\_\_\_'s duties as a volunteer worker for said municipality, and further agrees to hold the City of Boynton Beach, Florida and the Boynton Cultural Centre, Inc., harmless for any claims or damages incurred as a result of his/her actions.***

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to:  
[volunteers@schoolhousemuseum.org](mailto:volunteers@schoolhousemuseum.org)**