



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:
Schoolhouse Children's Museum & Learning Center, ATTN: Volunteer Coordinator
129 East Ocean Avenue.
Boynton Beach, FL 33435
(561) 742-6780 Fax (561)742-6781