



VOLUNTEER APPLICATION FORM

GENERAL INFORMATION

Full Name _____ Preferred/Nickname _____

Address _____

City _____ ST _____ Zip _____

Email _____

Home Phone _____ Cell Phone _____

EMERGENCY CONTACT INFORMATION

Emergency Contact _____ Relationship to You _____

Home Phone _____ Cell Phone _____

BIRTHDAY

Birthday _____

SPOUSE/PARTNER INFORMATION

Marital Status _____

Spouse/Partner Name _____

Home Phone _____ Cell Phone _____

TELL US ABOUT YOURSELF

What is the highest level of education you completed? _____

Do you have any experience working as a volunteer? _____

What special skills or qualifications do you have from employment, hobbies, or other activities? _____

How did you hear about the museum, and why are you interested in volunteering here? _____

What are your volunteer interests? _____

When are you available to volunteer? _____

After reviewing all of your information, please sign and submit your volunteer application.

I certify that the information given by me to the Lake Wales History Museum is true and complete to the best of my knowledge. I understand and agree that submitting this application form does not automatically register me as a Lake Wales History Museum volunteer, and there may be certain qualifications I must meet, including but not limited to, a background check, the acceptance of established volunteer policies and procedures, and participation in a museum orientation before I begin volunteering.

Volunteers must pass a background check before beginning volunteer work. I agree to a background check conducted by the museum as a provision of volunteer service at Lake Wales History Museum. I also authorize investigation of all statements contained in this volunteer application as may be necessary for volunteer participation.

I understand that I am electing to volunteer at the Lake Wales History Museum at my own risk, and will not be paid for my services as a volunteer. As a volunteer, I agree to abide by all applicable rules and regulations of the Lake Wales History Museum volunteer program.

Volunteer Signature

Date

Thank you so much for your interest in the Lake Wales History Museum!

Please return this form to: Julya Lizarralde, Curator of Public Programs
 MAIL: 325 South Scenic Highway, Lake Wales, FL 33853
 EMAIL: jlizarralde@lakewaleshistory.org

FOR INTERNAL USE ONLY

Received Date:	Handbook:	Approved:
Interview Date:	Background Check:	Begins Work: