

Museum Use Only

Ref. 1 _____

Ref. 2 _____

Ref. 3 _____

Orient. Date _____



VOLUNTEER APPLICATION

EMERGENCY CONTACT

Name _____

Phone _____

Please print with black ink & complete all that applies, front and back of form!

Check applicable box:

ADULT
 SENIOR CITIZEN
 TEEN (Parental signature required to process application – see back of application)

Name _____ **Date of application** _____ **20**_____
First Last Month/day

Address _____ **City** _____ **Zip** _____

Home phone (_____) _____ **Work phone** (_____) _____

Date of birth _____ **Email address** _____

Current school _____ **Grade/Year** _____

Date of anticipated high school or college graduation _____

Area of study/major (if applicable) _____

Work experience: 1. Company name _____ Dates _____
 Positions held _____

2. Company name _____ Dates _____
 Positions held _____

3. Company name _____ Dates _____
 Positions held _____

Please list experience with children, special skills or talents, extra-curricular interests or other information that may assist the museum in volunteer placement: (computer literacy, teaching, art background, etc.)

List days and times of availability: _____

What kind of volunteer opportunities are you most interested in? _____

How were you referred to us? _____

Why do you wish to volunteer at Explorations V Children’s Museum? _____

The following portion must be completed in order to process application:

PHOTOGRAPH RELEASE

I grant permission to the Museum and its agents or employees, to use photographs or video images taken of me and/or sound clips of my voice (hereafter referred to as my “Image”) for use in its publications and/or other promotional materials. I hereby waive any right to inspect or approve the finished Image or printed or video matter that may be used in conjunction with them, now or in the future, whether that use is made known to me or unknown.

I waive any right to royalties or other compensation arising from or related to the use of my Images. I agree to allow unlimited publication, distribution or broadcast the Image. I also waive any and all claims against the Museum, including but not limited to claims for blurring, distortion, misappropriation, defamation or invasion of privacy, related to the use of the Image.

I am 18 years of age or older and I am competent to contract in my own name, or have had a legal guardian sign as acceptance below. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting these questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

HOLD HARMLESS

As a volunteer, I hereby agree to indemnify and hold harmless Explorations V Children’s Museum, its agents and employees from any and all claims of personal injury or property damage resulting from the negligence of Explorations V Children’s Museum, its agents and employees or myself.

Print Name _____ **Date** _____

Signature _____

IF UNDER 18, PARENT OR GUARDIAN MUST SIGN BELOW (Application will not be processed for teen volunteer if no parent or guardian signature is affixed)

Print Name _____ **Date** _____

Signature _____

Relationship to volunteer _____

Please return completed application to:

Explorations V Children’s Museum
Volunteer Coordinator
109 N. Kentucky Avenue
Lakeland, FL 33801-5044

info@explorationsv.com

Phone: (863) 687-3869
Fax: (863) 680-2357

Explorations V Children’s Museum reserves the right to accept or reject any volunteer application.