



VOLUNTEER APPLICATION

Volunteers must be 14 years of age required by the Department of Children and families

PROVIDE 2 EMERGENCY CONTACTS - In case of an Emergency please notify

Name: _____ Relationship: _____ Contact Number: _____

Name: _____ Relationship: _____ Contact Number: _____

Section I - Tell Us About You

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____

Date of Birth _____ E-mail _____

Current School _____ Grade/Year _____

Are you over 18 years old? ___ YES ___ NO

Section II – Experience & Skills

What skills, talents and interest do you have to make you a successful volunteer?

What do you hope to gain from your volunteer experience?

Other information that will help us make a good match (such as education, general interests/hobbies).

About how many hours per week do you wish to volunteer?

What kind of volunteer opportunities are you most interested in?

How did you hear about Explorations V Children's Museum? _____

Do you have any physical condition that may limit your activities? ___ YES ___ NO

If yes, describe: _____

Section III – Availability (Please check All that are applicable)

I am available: _____ Mornings _____ Afternoons _____ Evenings _____ Weekends

___ Once A Week ___ More Than Once A Week ___ One Time Only ___ As Needed ___ OTHER

TO BE FILLED OUT BY EDUCATION STAFF ONLY

REFERENCE 1 _____ REFERENCE 2 _____ ORIENTATION DATE _____

VOLUNTEER COORDINATOR'S INTIALS _____ EDUCATION DIRECTOR'S INTIALS _____

Explorations V Children's Museum

Volunteer Reference Form

to be completed by non-relative of applicant

Date _____

 Print Volunteer Name (last) (first) (middle/maiden)

has applied to be a volunteer at Explorations V Children's Museum. Your kindness in completing and returning the following information would be greatly appreciated.

Please indicate your rating of the applicant on the following traits by placing a (✓) in the appropriate box by each trait.

	Outstanding	Satisfactory	Needs Improvement	Unsatisfactory	Unable to Rate
Appearance					
Attendance/Punctuality					
Attitude					
Initiative/Resourcefulness					
Judgement					
Maturity					
Ability to Relate to Children					
Ability to Relate to Peers					
Trustworthiness					

1. What length have you known the volunteer applicant: _____
2. What is the nature of your relationship (friend, teacher, employer, etc.)? _____
3. Would you employ the volunteer services of this person? _____
4. Would you recommend this person to volunteer with and around children? _____
5. Additional Comments: _____

Signature

Title

Date

Please explain any trait marked as unsatisfactory or unable to rate. Use back of this page and additional sheet if necessary.

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VOLUNTEER (MINOR) MEDICAL RELEASE

At the and absolute discretion of Explorations V Children’s Museum, a Florida not for profit corporation, its agents and employees. (collectively referred to herein as the “Museum”) in an emergency medical attention for my child, _____, I authorize the Museum to take my child/ren to the nearest hospital or to summon EMS and request medical treatment until I arrive. I shall cover medical costs and expenses and not hold the Museum responsible for said costs and expenses. I also authorize minor first aid needed for child/ren to be performed by the Museum.

Note: No medications will be administered by the staff during the program.

Does your child have any medical problems of which we should be aware? YES NO
If yes, please explain: _____

Does your child have any allergies to any foods or medications? YES NO
If yes, please explain: _____

Is your child taking any medication at the present time? YES NO

Is your child allergic or reactive to insect bites or stings? YES NO

Name of Physician: _____ Medical Office Number: _____

Name of Dentist: _____ Dentist Office Number: _____

Contact Number of Parent/Legal Guardian: _____

Name of Parent/Legal Guardian (Please Print)

Signature of Parent/Legal Guardian

HOLD HARMLESS

I hereby release, indemnify, and hold Explorations V Children’s Museum, a Florida not for profit corporation, its agents and employees, harmless from any and all claims, demands, actions, causes of action, losses, damages, liabilities and related costs and expenses of every kind or nature that may arise, including without limitation, personal injury and property damage, related to or coming from me or my child/s participation in Museum programs, camps, or events.

Weather permitting, outdoor exploration is held downtown Lakeland and nearby City Parks, under the supervision of Museum staff. For the safety of all, proper behavior is expected, and Museum rules must be followed. If a child failed to follow the rules, he/she will not participate in on and off property activities and may be asked to leave the volunteer program.

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)

Parent/Legal Guardian (Please Print)

Signature of Parent/Legal Guardian

Date