



MUSEUM OF SCIENCE & HISTORY

## Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

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

Race/ Ethnicity (*optional information used for statistical purposes*): \_\_\_\_\_

Area of Interest for work at the Museum:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Physical Science Demos         | <input type="checkbox"/> Naturalist Center            | <input type="checkbox"/> Natural Science Collections       |
| <input type="checkbox"/> History Demos                  | <input type="checkbox"/> History Collections          | <input type="checkbox"/> Front Desk/ Gift Shop             |
| <input type="checkbox"/> Special Events                 | <input type="checkbox"/> <i>Kidspace</i> Helper       | <input type="checkbox"/> Planetarium                       |
| <input type="checkbox"/> <i>Currents of Time</i> Docent | <input type="checkbox"/> <i>Atlantic Tails</i> Docent | <input type="checkbox"/> <i>Universe of Science</i> Docent |
| <input type="checkbox"/> School Group Greeter           | <input type="checkbox"/> Mailouts                     | <input type="checkbox"/> Other _____                       |

Why would you like to volunteer at the Museum of Science and History?

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

How did you hear about our volunteer program? \_\_\_\_\_

Are you a member of MOSH ? \_\_\_\_\_ Membership Level: \_\_\_\_\_

Education and/or professional experience: \_\_\_\_\_

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

Volunteer experience: \_\_\_\_\_

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

Special skills, training, interests or hobbies: \_\_\_\_\_

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

Indicate with an X on the chart below any of the times you are able to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9:00 am-1:00 pm						N/A	N/A
1:00 pm-5:00 pm						N/A	
10:00 am-2:00 pm	N/A	N/A	N/A	N/A	N/A		N/A
2:00pm-6:00 pm	N/A	N/A	N/A	N/A	N/A		N/A
Evening Events							

How often are you available for work at the museum?: (Circle the one that most applies)

Weekly      Bi-Weekly      Monthly      Occasionally      One time only

How many hours per shift? \_\_\_\_\_ Per month? \_\_\_\_\_

Call for one-time activities (Mailouts, Special Events, etc.)?      Yes      No

Current Employment:

Employer	Position	Dates
_____	_____	_____

References: Please list two people who are not related to you.

Name	Address	Phone	Relationship
_____	_____	_____	_____

Name	Address	Phone	Relationship
_____	_____	_____	_____

Medical and/or physical disabilities/special needs: \_\_\_\_\_

As a volunteer at the Museum of Science and History, I agree to follow all the guidelines and policies set forth in the Volunteer Information Handbook. In addition, I consent to allow MOSH to conduct a law enforcement background check and seek emergency medical attention in the event I am unable to give my consent.

_____	_____
Signature	Date

Please return to Volunteer Coordinator, 1025 Museum Circle, Jacksonville, FL 32207, or call 396-7062 x229.