## VOLUNTEER APPLICATION

Thank you for your interest in volunteering for the Holocaust Museum of Southwest Florida. Please take the time to fill out this application (print or type clearly), and we will be back in touch as soon as possible. Please mail or fax to the address above. We will be in touch as soon as we receive your Volunteer Application.

Ms./Mrs./Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/XX

 Last First month day

Florida Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Apt #

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

 City State Zip Code

Daytime Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E- mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special needs? If yes, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear of the Holocaust Museum of Southwest Florida Friend [ ] Media [ ]

 Speaker [ ] Special Event [ ] Web Site [ ] Other, Please Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was your past occupation?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you or any member(s) of your family Holocaust Survivor(s) or Liberator(s) ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interest Checklist – Please circle all that apply

Docent Museum Educators Front Desk Receptionist Fundraising Library

Events Community Outreach Development/Fundraising Curator/ Exhibits Other

PLEASE READ & SIGN:

I, the undersigned, hereby release and hold harmless the Holocaust Museum of Southwest Florida, its officers, employees, volunteers and supervisors from any and all liability damages, mishap or injury in the performance of any duties that I might perform. I assume all risks incident thereof with respect to myself.

PHOTO RELEASE: I irrevocably give, grant and convey to the Holocaust Museum of Southwest Florida, its successors, agents and assigns, without compensation to me from any party, the absolute right and unrestricted permission to copyright and/or use and/or publish my name, my image or likeness on videotape and photographs taken of me while volunteering for the Holocaust Museum of Southwest Florida. I also hereby waive any right to inspect or approve the finished work.

CONFIDENTIALITY: As a volunteer, I have been informed that confidentiality must be maintained regarding all confidential information relating to business operations. Such information includes, but is not limited to, information about the Holocaust Museums constituents, volunteers, suppliers, contractors, clients, organization relationships, contracts, property, finances, transactions, proposed transactions, inventions, discoveries, trade secrets, research and development data, reports and compilations, cost estimates, financial records and forecasts, correspondence and the like (except those records open to the public), until the Museum decides to disseminate them.

I understand any breech of confidentiality may result in my immediate dismissal as a volunteer.

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

Signature of Applicant Date

*For Office Use Only*:

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Interview \_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Interests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Follow Up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Seasonal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ All Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Months not in area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weekend Availability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kindly return this form to:

*Millie Whitinger, Volunteer Coordinator*

*Or*

*Sam Parish, Education Specialist*

We all thank you! Your volunteer services allow us to do more with less financial impact.