

Holocaust Museum & Education Center of Southwest Florida

4760 TAMIAMI TRAIL NORTH, SUITE 7, NAPLES, FL 34103

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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*	Clerical / Typing	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 breach 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: _____

Notes: _____

Follow Up: _____

Seasonal: _____ All Year _____

Months not in area _____ Weekend Availability _____

Kindly return this form to:

Millie Whiting, Volunteer Coordinator

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