Application for
HISTORICAL MUSEUM VOLUNTEER

Please note that all information provided becomes public record upon receipt, unless otherwise exempted per F.S. 119.

Name: ____________________________________________

Address: ____________________________________________

Daytime Telephone: ____________________ Cell: ____________________

E-mail address: ________________________________________

Current (or former) Occupation: ____________________________

Do you have any experience, education, and/or interest in the fields below or other related field?

☐ Architecture ☐ Local history ☐ Planning/Urban design
☐ Folklore ☐ Cultural anthropology ☐ Curation
☐ Conservation ☐ Historic preservation ☐ Landscape architecture
☐ Archaeology ☐ K-12 education ☐ Antiques

If yes, please explain: ______________________________________

________________________________________________________________________

Please provide information on your volunteer experience. __________________________________________

________________________________________________________________________

________________________________________________________________________

Please provide two references:

1. ____________________________ ____________________________ ____________________________
   (Name) (Phone Number) (Relationship)

2. ____________________________ ____________________________ ____________________________
   (Name) (Phone Number) (Relationship)

Emergency Contact:

____________________________ ____________________________ ____________________________
   (Name) (Phone Number) (Relationship)

I hereby affirm that the information in this application is accurate. I understand that a background check is required prior to my acceptance as a Museum Volunteer. I agree to abide by and comply with all regulations, policies, and procedures for Town of Ponce Inlet volunteers.

Signature: ____________________________ Date: ____________________________

STAFF USE ONLY

Application received by: ________ (Initial) Date: __/__/____ ☐ APPROVED

Background Check received from Police Dept. Date: __/__/____ ☐ DENIED
AUTHORIZATION TO OBTAIN INFORMATION

I authorize a representative of the Town of Ponce Inlet, Florida to perform a background investigation of myself in connection with my application to volunteer at the Ponce Inlet Historical Museum.

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I understand my social security number is requested for the purpose of background investigation and will be used solely for these purposes. Pursuant to F.S. 119, social security numbers are exempt from public records requests, and will be redacted if a record request of my application is made.

I understand the investigation may include, but is not limited to, information as to my credit, criminal history, driver’s license information and records, personal references, and other sources.

I authorize the release of any information that the Town of Ponce Inlet may request from the above-mentioned sources.

I recognize that if more than one year elapses between my days of service as a museum volunteer, a new background investigation will be required before I am reinstated.

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STATE OF _________________ COUNTY OF ________________

On the ______ day of ____________________________,

before me came __________________________________________ who is personally known to me or provided __________________________ as identification and took an oath that the statements made in said instrument are true.

Notary Stamp/Seal

Notary Signature

A copy of applicant’s Driver’s License or form of ID must be attached to this document.