

**VOLUNTEER APPLICATION**

**Ponce Inlet Historical Museum at 143 Beach Street**

**Name:** \_\_\_\_\_  
**(Last) (First) (Nickname)**

**Address:** \_\_\_\_\_  
**(Street) (City) (Zip) (Apt. #)**

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

**E-mail Address:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Driver's License #:** \_\_\_\_\_

**Current (or former) occupation:** \_\_\_\_\_

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

**Training, skills, interests:**  
\_\_\_\_\_  
\_\_\_\_\_

**Position Preference:** \_\_\_\_\_ **Available:** \_\_\_\_\_

**Please provide 2 references:**

1. \_\_\_\_\_  
**(Name) (Phone) (Relationship)**

2. \_\_\_\_\_  
**(Name) (Phone) (Relationship)**

**Emergency Contact:** \_\_\_\_\_  
**(Name) (Phone) (Relationship)**

***WE ARE REQUIRED TO DO BACKGROUND CHECKS***

**For office use:**

**Review Date:** \_\_\_\_\_ **Training Start Date** \_\_\_\_\_ **Bkgd.Check** \_\_\_\_\_

