



# ADULT VOLUNTEER APPLICATION

*Please Print Clearly*

Date of Application: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How did you hear about us?

\_\_\_\_\_

Previous Volunteer Experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Skills & Training (ex: computer skills, public speaking, foreign language, etc):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please circle all areas in which you would be interested in volunteering:

Education Programs

Tour Guide

Greeting / Information

Planetarium

Office/Database

Collections

Special Events

What are your preferred days and times of availability? Circle all that apply.

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

As needed

Mornings

Afternoons

Evenings (Special Events)

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

Relationship to Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide two personal or professional references:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

***Inclusion of a cover letter with your application is recommended.***

I certify that to the best of my knowledge all of the statements contained herein are true, correct, and made in good faith.

I agree to abide by all the policies of The Bishop Museum of Science and Nature.

I understand that I may be relieved of my volunteer position at any time at the discretion of Museum staff.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

You may mail or email your application, whichever you prefer

**Mail:**

Volunteer Department  
The Bishop Museum of Science and Nature  
P.O. Box 9265  
Bradenton, FL 34205

**Email:**

Please send your application to Susan McCarthy at  
[SMcCarthy@BishopScience.org](mailto:SMcCarthy@BishopScience.org)

**If you have any questions please contact Susan directly, at (941)746-4131, ext.113**

After your application has been received and if an appropriate match can be made, a representative from the  
Museum will contact you to discuss the program

**Office Use Only**

Date of Interview: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

Code of Ethics Signature: Yes / No

Volunteer Assignment: \_\_\_\_\_ Volunteer Orientation attended (Date): \_\_\_\_\_

Date of Leave: \_\_\_\_\_ Notes: \_\_\_\_\_