



TEEN VOLUNTEER APPLICATION

Please Print

Date of Application: _____

Date of Birth/ Age: _____

First Name: _____ Last Name: _____ Middle Initial: _____

Phone Number: _____ Alternate Phone: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Current School & Grade Level: _____

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:

Programs/Education

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 along with your application is recommended.

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

I agree to abide by all of 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.

Teen Signature: _____ **Date:** _____

Parent/Guardian Release: I give permission for _____ to volunteer at The Bishop Museum of Science and Nature.

Name: _____ Phone: _____

Email Address: _____ Relationship: _____

Parent/Guardian Signature: _____ **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

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: _____