



VOLUNTEER APPLICATION

*Thank you for your interest in volunteering to help **The Bishop's** staff and board achieve our mission
 "to engage and inspire learners of all ages; we protect, interpret and communicate scientific and
 cultural knowledge of Florida, the world, and our universe."*

Please Print Clearly

Name:		Date:
Home Phone:	Cell Phone:	
Email:		Birth Date:
Address:		
City:	State:	Zip:
Please indicate which volunteer positions interest you: <i>(circle all that apply)</i>		
Tour Guide	Field Trip Support	Museum Greeter
Gallery/Activity Guide	Soar in 4 Support	Administrative Support
<i>Mosaic Backyard Universe Expedition Guide</i>	IQuest Support	Planetarium Support
		Events Support
		Collections Support
		Maintenance Support
		Bartender
Please indicate your days and times of availability: <i>(circle all that apply)</i>		
Monday	Tuesday	Wednesday
		Thursday
		Friday
		Saturday
		Sunday
		As Needed
Mornings (10 a.m.-1 p.m.)		Afternoons (1-5 p.m.)
Evenings (Special Events, 5-9 p.m.)		
Are you a seasonal resident? YES / NO Dates of availability: _____		
How did you hear about The Bishop ?		
Previous volunteer experience:		
Special skills and training (<i>ex: computer skills, educator, public speaking, foreign language, etc.</i>) or additional relevant information:		
Highest Level of Education Reached/Degree:		
Current Employer:		
Tell us why you'd like to volunteer at The Bishop . What do you hope to gain from this volunteer experience?		

Have you ever been convicted of any criminal offenses, or have you been assigned court-ordered community service hours as part of your probation or sentence? YES / NO If yes, please provide details:

Emergency Contact: _____

Relationship: _____ Phone: _____

Please provide two personal or professional references:

1. Name: _____ Phone: _____

Email: _____ Relationship: _____

2. Name: _____ Phone: _____

Email: _____ Relationship: _____

If volunteer is under 18 years of age, please complete the following: *(must be a minimum of 16 years old to volunteer)*

I, _____ *(parent/guardian printed name)*, affirm that I am the parent/guardian of the above-named volunteer. I understand that the volunteer program does not provide compensation, and that the service will not convey on the volunteer the status of an employee.

I give my permission for _____ *(name of volunteer)* to participate in volunteer activities at **The Bishop Museum of Science and Nature**.

Parent/Guardian Signature: _____ **Date:** _____

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

Applicant Signature: _____ **Date:** _____

Please mail or email completed application to: *(inclusion of a cover letter is recommended)*

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

Karla Szekeres, Volunteer Coordinator
KSzekeres@BishopScience.org
Questions? Call 941-746-4131, ext. 154

After your application has been received, a Museum representative will contact you for an interview to discuss the volunteer program at **The Bishop**. Thank you for your commitment to expanding your knowledge of Florida's natural and cultural history, the environment, manatee conservation and care, and our universe while making a real difference in the lives of our community and our visitors.

OFFICE USE ONLY

Date of Interview: _____

Interviewed by: _____

Code of Ethics Signed: YES / NO

Orientation Date: _____

Volunteer Assignment: _____

Date of Leave: _____

Notes: