

201 10<sup>th</sup> Street West, Bradenton, FL 34205 Phone: 941-746-4131

www.BishopScience.org

## **Volunteer Application**

Thank you for your interest in volunteering to help **The Bishop's** staff and board achieve our vision: "to ignite passion for science and nature to transform our community and our world."

The Bishop Museum of Science and Nature is the largest natural and cultural history museum on Florida's Gulf Coast. In addition to permanent exhibitions and constantly changing temporary exhibitions, the Museum features an all-digital state-of-the-science *Planetarium*, the *Parker Manatee Rehabilitation Habitat*, and the *Mosaic Backyard Universe*, built just for young kids and their families. Our collections feature fossil evidence of Florida's earliest animal inhabitants and archaeological artifacts representing Paleo-Indian, Archaic, and pre-contact time periods. We also offer a series of educational programs and events that interpret the 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: Which volunteer positions interest you? Details on last pages of the Application. (circle all that apply) Administrative Education Education Special Events Museum Greeter Collections Support Support Support Please indicate your days of availability and write-in times when you could volunteer: Mon (Closed) Tuesday Wednesday Thursday Friday Saturday Sunday Are you a seasonal resident? YES / NO Dates of availability:\_\_\_\_\_ How did you hear about **The Bishop**? Previous volunteer experience: Special skills and training (e.g., computer skills, educator, public speaking, foreign language, etc.) or additional relevant information:

| Tell us why you would like to volunteer at <b>The Bishop.</b> What do you hope to gain from this volunteer experience?   |  |
|--|--|
| Current Employer/School, if applicable:  |  |
| 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:   |
| Relationship:  If volunteer is under 18 years of age, please complete the 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 the status of an employee on the volunteer. |  |
| I give my permission for   |  |
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|  |  |
| Parent/Guardian Signature:   | Date:  |
| Parent/Guardian Signature:   | f my knowledge, all the statements contained herein  |
| By submitting this application, I certify that, to the best o are true, correct, and made in good faith. I also understan  | f my knowledge, all the statements contained herein id, as a volunteer, that I am expected to follow all |
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