



Brevard Museum of History and Natural Science

*Home of the Florida Historical Society
Archaeological Institute*



Volunteer Application Form

Date _____ Position Applying For _____

Name _____

Address _____

Phone _____

Email Address _____

In case of emergency, who should we contact?

Name _____ Phone _____

Available Shifts (3.5 hours)

	Wednesday	Thursday	Friday	Saturday
9:30 am –1:00 pm				
1:00 pm - 4:30 pm				

Education (highest grade, degree, and major) _____

School _____

Previous Volunteer Experience

We'd like to get to know you and your passions or any special training you have! (ex: archaeology, mastodons, bones, teaching).

Are there any tasks you cannot do? (ex: lifting heavy objects or standing for long periods).

Have you ever pleaded No Contest to, or been convicted of, a First-Degree Misdemeanor or any Felony?

Do you have a valid drivers license? If yes, indicate the State and Expiration Date

Please Provide Two Professional Recommendations

1. Name and Title _____

Phone _____

Email _____

2. Name and Title _____

Phone _____

Email _____

I certify that the information contained in this application is correct and complete to the best of my knowledge, and understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from placement. I hereby authorize investigation of all statements I have made herein. I authorize the Florida Historical Society and its affiliates herein to give any information regarding my past employment or volunteer experience together with any information they may have regarding me, whether or not it is in their records. I hereby release the Florida Historical Society and its affiliates from all liability for any damages whatsoever for issuing or obtaining this information. I understand that if I am selected for placement I may be required to undergo a drug screening. I understand that the Florida Historical Society and its affiliates cannot insure volunteers and are not responsible for any loss or damage to my personal body or properties. In the event the Florida Historical Society and its affiliates place me, I agree to comply with all its policies, rules, and regulations.

Applicant Signature _____ Date _____

(If Under 18) Guardian Signature _____ Date _____

We are grateful to our volunteers and could not achieve the goals of the museum
without your time and help!