



# Gulfcoast Wonder & Imagination Zone

## Adult Volunteer Application

(Please Print Legibly)

Personal Information							
Last Name:		First Name:			How do you wish to be addressed?		
Address:							
City:		State:		Zip:			
Home Phone:		Cell Phone:		Are you a past GWIZ volunteer: <input type="checkbox"/> Y <input type="checkbox"/> N			
Email:				Available Start Date:			
Emergency Contact:		Relationship:		Phone1:		Phone2:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please explain:			
<small>Note: A conviction will not necessarily bar participation in G.WIZ volunteer program, but will be considered within the context of the entire application.</small>							
Please describe any relevant education, training or experience.							
Is there a specific area or project that you feel would be a good match with your skills?							
Current Volunteer Opportunities							
<input type="checkbox"/> Exhibit Explainer		<input type="checkbox"/> Gift Shop/Ticket Sales		<input type="checkbox"/> Administration		<input type="checkbox"/> Education	
Please indicate your first (#1) and second (#2) choices of shifts for which you are available to volunteer.							
	Mon	Tue	Wed	Thu	Fri	Sat	Sunday
10:00 a.m. – 2:00 p.m.							No morning shift.
1:00 a.m. – 5:00 p.m.							
Adult Volunteer Applicant Statement							
<p>I understand that I am applying to be an unpaid volunteer for G.WIZ, the Hands-On Science Museum, and that this is not an application of employment. I understand that nothing in this application is intended to imply or create an employment relationship or a contract for employment.</p> <p>As part of normal procedure for processing applications, G.WIZ, the Hands-On Science Museum, conducts background checks on potential adult volunteers. In order to continue the application process, a signed authorization and consent for release of personal information form is required to be included with application.</p> <p>I understand that if any misrepresentation has been made by me, I may be disqualified for consideration or dismissed if discovered at a later date.</p> <p>If I am accepted into the G.WIZ volunteer program, I agree that I will abide by the requirements of the program, policies and procedures of the Museum, and commit to volunteer regularly for a minimum duration of six months.</p>							
Volunteer Signature				Date			
We Appreciate Your Support!							
<ul style="list-style-type: none"> <li>• The Volunteer Coordinator will contact you for a personal interview and a tour</li> <li>• Gulfcoast Wonder &amp; Imagination Zone • 1001 Boulevard of the Arts • Sarasota, Florida 34236</li> <li>• Phone 941.309.4949 x123 • Fax 941.906.7292 • volunteers@gwiz.org</li> </ul>							
For Office Use Only:							
Interview Date:		Orientation Date:			Start Date:		
Placement:		Name Tag:			g:volunteers/applicationforms/TeenApplication2008		