



Gulfcoast Wonder & Imagination Zone

Teen Volunteer Application

(Please Print Legibly)

Personal Information							
Last Name:		First Name:			DOB (Month/Day/Year):		
Address:							
City:		State:			Zip:		
Home Phone:		Cell Phone:			Are you a past GWIZ volunteer: <input type="checkbox"/> Y <input type="checkbox"/> N		
Email: (the one you check the most)					Available Start Date:		
Current School:		Grade <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			Current Employer:		
Please list any previous work or volunteer experience:							
Parent Contact Information							
Name:		Home Phone:			Work Phone:		
Email:		Cell Phone:					
Current Volunteer Opportunities							
<input type="checkbox"/> Exhibit Explainer: We ask that you commit to six months at eight hours per month. Please choose days and times that you are available below.				<input type="checkbox"/> Summer Camp Counselor: We ask that you plan to give two weeks. See volunteer coordinator for available dates. Camp hours are 9:00 - 4:00 Mon - Fri.			
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.							
Teen Volunteer Applicant Statement							
<p>I understand that I am applying for a position as an unpaid volunteer at GWIZ. As such, I agree to follow the guidelines and policies set forth, and will, to the best of my ability, uphold the mission of GWIZ. I understand that there is a minimum time commitment of forty hours per six months for volunteering at GWIZ. I also understand that I must be a regular volunteer in the program to receive credit for my volunteer contribution. I agree to notify the volunteer coordinator in advance when I am unable to volunteer for an assigned shift or when I will be unable to meet the minimum eight-hour monthly.</p> <p><u>PARENT PORTION:</u> I have read and understand this application and I give my child permission to be a volunteer at GWIZ. I accept full responsibility for my child's participation in the program.</p>							
Volunteer Signature		Date			Parent signature (If VOL. Is under 18)		
We Appreciate Your Support!							
<ul style="list-style-type: none"> • The Volunteer Coordinator will contact you for a personal interview and a tour. 							
<ul style="list-style-type: none"> • Gulfcoast Wonder & Imagination Zone • 1001 Boulevard of the Arts • Sarasota, Florida 34236 Phone 941.309.4949 x123 • Fax 941.906.7292 • volunteers@gwiz.org 							
PARENT: Please complete Emergency Medical Authorization on the reverse side of this form.							
For Office Use Only:							
Interview Date:		Orientation Date:			Start Date:		
Placement:		Name Tag:			g:volunteers/applicationforms/TeenApplication2008		

