



Gulfcoast Wonder & Imagination Zone

Adult Volunteer Application

Personal Information							
Last Name:		First Name:			Available Start Date:		
Address:		City:			State:		Zip:
Best Phone Number:		Is it at <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell			Are you a past GWIZ volunteer: <input type="checkbox"/> Y <input type="checkbox"/> N		
Email:		Emergency Contact:			Relationship:		Phone:
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 training or experience you would be willing to apply as a volunteer.							
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 p.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 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 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 one day a week for a minimum duration of six months.</p>							
Volunteer Signature						Date	
We Appreciate Your Support!							
<ul style="list-style-type: none"> • The Volunteer Coordinator will contact you for a personal interview and tour • Gulfcoast Wonder & Imagination Zone • 1001 Boulevard of the Arts • Sarasota, Florida 34236 • Phone 941.309.4949 x123 • Fax 941.906.7292 • volunteers@gwiz.org 							
For Office Use Only:							
Interview Date:			Orientation Date:			Start Date:	
Placement:			Name Tag:			g:volunteers/AdultApplication2009	