



Gulfcoast Wonder & Imagination Zone

Teen Volunteer Application

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:							
Current School:		Grade <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			Available Start Date:		
Please list any previous work or volunteer experience:							
Parent Contact Information							
Name:		Home Phone:			Work Phone:		
Email:		Cell Phone:					
Minimum Volunteer Commitment: Fifty Hours During Twelve Consecutive Weeks							
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.							
Teen Volunteer Applicant Statement							
<p>I understand that I am applying for an unpaid volunteer position at G.WIZ. As such, I agree to follow the guidelines and policies set forth, and will, to the best of my ability, uphold the mission of G.WIZ. I understand that there is a minimum time commitment of twelve consecutive weeks for volunteering at G.WIZ. 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 am unable to meet the minimum time commitment.</p> <p><u>PARENT PORTION:</u> I have read and understand this application and I give my child permission to be a volunteer at G.WIZ. 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/TeenApplication2009		



EMERGENCY MEDICAL AUTHORIZATION

Volunteer Name:

Address:

RELEASE & WAIVER OF LIABILITY: I give my permission to the G.WIZ Staff to provide any medical assistance they feel appropriate for my child named above. I also give permission for any emergency personnel to treat my child in the event of an emergency. I will be responsible for any and all medical expenses that may be incurred. In consideration of the right to participate in the G.WIZ volunteer program, I, for myself and my minor child, have and do hereby assume all risks and will indemnify and hold harmless G.WIZ, its employees, board of directors, officers, and members from any and all liability, actions, causes of action, debts, claims, demands, or other liability of every kind and nature whatsoever which may arise, whether caused by ordinary negligence or otherwise.

1 st Emergency Contact Name: Relationship:	Best number Weekdays: Weekends:
2 nd Emergency Contact Name: Relationship:	Best number Weekdays: Weekends:
Preferred Physician:	Phone:
Preferred Dentist:	Phone:

PARENT / GUARDIAN: Please sign on the line indicated below.

NAME _____ X _____
Printed Name Legal Signature of Parent / Guardian

PHOTO CONSENT – (Please circle one)
G.WIZ, Gulfcoast Wonder & Imagination Zone: Please circle one: (HAS) / (DOES NOT HAVE) my permission to use (child’s name) _____, my child’s photograph for publicity purposes.

Signature of Parent _____
Date _____

G.WIZ - The Science Museum
The Blivas Science & Technology Center
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Sarasota, Florida 34236
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941.906.7292 Fax