



VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

City, State, Zip Code _____

Phone: _____ Birth date: _____

Cell Phone: _____

E-Mail: _____

In Case of emergency, contact: _____ Relationship _____

Home Phone: _____ Cell/Work Phone: _____

Please list any medical condition that we should know about in case of an emergency.

Please indicate your areas of interest to volunteer your time and talents to the;

Elliott Museum

____ Admissions / Information Desk

____ Administrative Assistant

____ Museum Store

____ Art Studio Assistant

____ Archives & Library Assistant

____ Special Events / Evening programs

____ Curatorial Assistant

____ Educational Programming

____ Auto Gallery Guide

____ Intern (students only)

____ Exhibit Gallery Docent/ Guide

Special Skills or Talents list below;

Employment Status: ____ Full-time ____ Part-time ____ Retired ____ Student

____ I am a full time resident

____ I am a seasonal resident from _____ to _____

____ I can be called on short notice to cover for absent volunteers

I am available to work (volunteer): Please circle all that apply
We request volunteers work at least 3-4 shifts per month if possible.

Monday Tuesday Wednesday Thursday Friday

10-1pm	10-1pm	10-1pm	10-1pm	10-1pm
12- 3pm	12- 3pm	12- 3pm	12- 3 pm	12-3pm
2 - 5pm	2 - 5pm	2 - 5pm	2 - 5pm	2 - 5pm

Saturday Sunday

10-1pm	10-1pm
12- 3pm	12- 3pm
2 - 5pm	2 - 5pm

Tell us why you would like to volunteer with The Elliott Museum:

Do you have volunteer experience? Y/N If so, where and how long?

Have you ever been convicted of a misdemeanor/felony assault, battery, theft, drug possession, crime against a child or DUI? Y/N If yes, please explain.

(Please note that a "yes" answer may not necessarily exclude you from volunteering.)

Driver's license # _____

I understand that as a condition of my service as a volunteer of the Elliott Museum I will consent to a background check performed by ADP TotalSource

Signature: _____

Thank you for your interest in the volunteer opportunities at the Elliott Museum

We look forward to meeting with you and learning about your interests, skills and availability. If an appropriate volunteer placement at our organization is not available at this time, we will keep your application in our files for a period of 12 months and contact you when a position becomes available. Thank you again for your interest in the volunteer opportunities at the Elliott Museum.

We accept the service of volunteers with the understanding that such service is at the sole discretion of the Elliott Museum and that our organization does not exist solely to provide opportunity for volunteer participation.

I certify that the information contained in this application is complete and truthful to the best of my knowledge. I understand that I may be subject to a background check prior to being given a volunteer position and I give consent to such check. I understand that I am voluntarily participating in any Elliott Museum programs and hold harmless the Elliott Museum from all responsibilities of personal injury. I hereby waive any and all claims against the Elliott Museum, its directors and employees for any damages or injuries which I may incur while participating in this program.

Signature: _____ **Date:** _____

If under 18, Parent or Guarding Signature: _____

Office use only	
Interviewer: _____	Date: _____
Assignment: _____	Shift: _____
Start Date: _____	Entered in Past Perfect: _____

Elliott Museum

825 N.E. Ocean Boulevard, Hutchinson Island, Stuart, FL 34996-1696 (772)-225-1961

House of Refuge Museum at Gilbert's Bar

301 S.E. MacArthur Boulevard, Hutchinson Island, Stuart, FL 34996 (772)-225-1875

National Register of Historic Places