



History of Diving Museum
82990 Overseas Highway
Islamorada, FL 33036
305-664-9737
www.DivingMuseum.org
info@DivingMuseum.org

VOLUNTEER APPLICATION

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Birthday (Month/Day) _____

How did you hear about volunteer opportunities at The History of Diving Museum? _____

Why are you interested in volunteering for The History of Diving Museum? _____

Areas of interest: Visitor Services Museum Store Exhibits Website/Technology
 Special Events Education/Outreach Marketing Other _____

Availability: Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____ Sun ____

Best time of day: Morning ____ Afternoon ____ Evening ____

Do you have previous volunteer experience?

Yes No If yes, please list: _____

What special skills, knowledge, abilities, and/or experience do you possess that are relevant to the type of volunteer work in which you are interested? _____

Present Employment Status: Employed Not working Retired Student

Please list current and previous work experience (or attach a recent resume). _____

Are you willing to submit to a background check, fingerprinting, drug screening, driver's record check and/or credit check **if required** for certain volunteer activities? Yes No

Do you have a valid Florida driver's license? Yes No

Emergency contact information:

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Address: _____

Please read the following carefully before signing this information form:

I understand and authorize The History of Diving Museum to verify the information contained on my application. I release The History of Diving Museum, its agents' and organizations supplying information to The History of Diving Museum, from all liability and responsibility, damages and claims of any kind arising from this investigation of my background.

I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with The History of Diving Museum or my termination as a volunteer.

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I understand that all information will be considered confidential to the fullest extent allowed by law.

Nondisclosure and Confidentiality: I understand that as a volunteer, the museum may disclose certain confidential information concerning its programs and operations, and I agree to keep said information confidential and not disclose the same to any third party.

Signature of Applicant

Date

Signature of Parent (if applicant is under 18)

Date