

Please print legibly.

Note: This application is for applicants age 18 or older. If you are under 18, notify the Volunteer Coordinator before completing an application.

Name: (First)	st) (Last)		Birth Date:		
Preferred Name for ID Badge:			Pronouns:		
Email Address:				Phone: ()
Address:	reet	Apt.#	C:+	State	ZIP
Current UF employee		-	•		
	Undergradud		Graduates		
UFID:		Country of Citi	zenship:		
If you are NOT a UF studen	t/employee, pl	ease provide veh	icle tag #'s (ir	nclude state) for a free	e parking permit:
Emergency Contact:	Name	Phone		Relation	
Education:					
High School/Other:					
College/University (majo	or/minor):				
Special Skills/Interests/Ho	bbies:				
Foreign Languages Spoker	: (specify fluen	t or limited, inclu	de ASL)		
Volunteer Experience:					
Professional/Work Experie	nce:				
Are you volunteering to ful	fill a communit	y service or schoo	ol requiremen	t?Yes 🗌 No 🗌	
If yes, how many hours are	required?	Deadline	e for completi	ng service?	
How did you hear about vo	lunteering at th	ne Museum?			
IF YOU HAVE ALREADY BE AND SUPERVISOR ON THI			E MUSEUM, I	PLEASE LIST YOUR D	EPARTMENT



Deferences

References.				
Name:	Phone: ()			
Mailing or Email Address:	Relationship to you:			
Name:	Phone: ()			
Mailing or Email Address:	Relationship to you:			
Have you ever pleaded nolo contendere (no contest) to, or l adjudication withheld) a first-degree misdemeanor or a fe				
Yes 🗌 No 🗌				
If yes, please provide dates, offenses and disposition of e				
NOTE: All applicants are subject to a background check.				
By signing this application, I, as a participant, agree that: 1) I have ca Volunteer Program; 2) I certify that I do not have any mental, physic				

Volunteer Program; 2) I certify that I do not have any mental, physical, or other condition or disability that would create a hazard for myself or other participants and I am aware that the volunteer position(s) that I am applying for and associated activities may involve the risk of personal injury or death; 3) I voluntarily accept all risk of personal injury or death arising from participating in the Museum Volunteer Program; and 4) I agree that I, and my dependents, heirs, executors and assigns do release and hold harmless the Florida Museum of Natural History, the University of Florida Board of Trustees, the Florida Board of Governors, and the State of Florida, and each of their officers, directors, employees, representatives, agents, and volunteers (collectively, the "Releasees"), from any and all liability, however caused, for any and all claims or causes of action that I, my estate, heirs, executors, or assigns may have for any damage, loss, illness, personal injury, death, or property damage arising out of or pertaining to my participation as a Museum volunteer, whether caused by the negligence of Releasees, or otherwise.

Please initial if you do NOT want to receive correspondence from Museum departments other than
the volunteer program.

Please initial that you hereby give permission to the Florida Museum to take photography or video of you in your volunteer position. In addition, you understand that acceptance to a Florida Museum volunteer program implies the applicant's consent regarding the possibility of appearing in Museum marketing materials for educational and/or promotional purposes.

Signature: ____

Date:

NOTE: All volunteers whose applications have been entered into the Florida Museum volunteer database are covered by Workers' Compensation and should immediately report any injury to your staff supervisor for follow-up. For more information, call 352-273-2055.

Welcome to the Volunteer Program at the Florida Museum of Natural History! Help us "Go Green" by submitting your completed application electronically to vertpaleo@floridamuseum.ufl.edu or mail it to the address below.

Florida Museum of Natural History Vertebrate Paleontology P.O. Box 112710 • 1659 Museum Road Gainesville, FL 32611-2710 Phone: 352-273-1821

