



# The Palm Beach Museum of Natural History

10300 Forest Hill Blvd., Suite 172, Wellington FL 33414

P: (561) 729-4246 F: (954) 351-2098

## Volunteer Application

**This application will not be used for limiting or excluding any applicant from consideration as a volunteer on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a museum representative.**

Please fill out all of the sections below:

### Applicant Information

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State and Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

If you are under 18, please provide: Age \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Parents or Guardians of volunteers under 18 must complete and sign a Consent Form (page 5) .

### Availability

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Total hours per week you want to volunteer \_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

### Education

Do you have a high school degree or its equivalent? Yes No

If you do not have a high school degree, what is the highest grade that you attained? \_\_\_\_\_

Have you attended or are you currently in college? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Total credits \_\_\_\_\_ Degree \_\_\_\_\_ Field of Study \_\_\_\_\_

**Skills / Experience / Abilities / Languages**

Have you ever applied to be a volunteer or been employed in a museum before? Yes    No

If yes, please list your experience: \_\_\_\_\_

\_\_\_\_\_

Please describe any employment experience, education, hobbies, or special skills that you have that may be relevant your placement as a volunteer:

\_\_\_\_\_

\_\_\_\_\_

Are you fluent in another language? If yes, please list: \_\_\_\_\_

Is there anything else you would like to tell us about yourself that will help us in placing you in the appropriate volunteer position?

\_\_\_\_\_

\_\_\_\_\_

What would you like to do as a volunteer?

\_\_\_\_\_

**Volunteer and Vocational Memberships**

Organization	Dates of Membership

**References**

*Please provide three personal and professional references below:*

Reference and Relation to Applicant	Contact Information

**Personal Information**

Are you a U.S. citizen or approved to work in the United States? Yes No

What document can you provide as proof of citizenship of legal status?

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Do you have any condition which would require special accommodation? Yes No

If yes, please describe accommodations required below:

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*(Note: The Palm Beach Museum of Natural History complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)*

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

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Have you ever been discharged or asked to resign from a prior volunteer position? Yes No

Have you ever resigned from a prior position after a complaint was received against you or your conduct was under investigation or review? Yes No

Have you ever been charged with or investigated for sexual or physical abuse or harassment of another person? Yes No

If you have answered YES to any of the previous questions, provide full details below, including, with respect to court actions, the date, offense, in question and the address of the court involved. Attach additional sheets if necessary. Note: Conviction or other disposition of a crime is not necessarily an automatic bar to employment.

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**Military Service**

Where or are you now a member of the Armed Services? Yes No

Did you receive and Honorable Discharge? Yes No

If you were not honorably discharged, what type of discharge did you receive and what were the reasons or circumstances?

\_\_\_\_\_

Are you a disabled veteran? Yes No

*This information is collected for use in grant applications and reporting. Providing this information is completely voluntary.*

Gender \_\_\_\_\_ Age : \_\_\_\_ Under 18 \_\_\_\_ 64 and under 65 and over \_\_\_\_\_

Ethnicity: African American/ Black \_\_\_\_ American Indian \_\_\_\_ Asian \_\_\_\_

Caucasian \_\_\_\_ Hispanic/Latino \_\_\_\_ Other/Multiple \_\_\_\_

**Palm Beach Museum of Natural History Volunteer Policy**

Palm Beach Museum of Natural History, a non-profit organization, cannot be held liable for any injuries resulting during the performance of volunteer services.

Right, title and interest in any documents, designs, copyrightable material, or other work created as a volunteer at PBMNH is assigned to PBMNH. A volunteer has no proprietary interest in any work developed as a volunteer, and will, if necessary, establish or document PBMNH ownership, including but not limited to execution of appropriate copyright assignments.

During the course of volunteering, private, confidential, and/or sensitive technical and business information may be divulged. Information critical to the business of PBMNH must not be given out, used outside of PBMNH, or discussed with non-PBMNH personnel at any time now or in the future.

I understand that my volunteer activity is terminable at will.

I understand that if I am selected as a volunteer, any misrepresentation or material omission made by me on this application will be grounds for cancellation of this application or immediate discharge from the volunteer program, whenever it is discovered.

I have read and agree to the above statements

NOTE: *Participants may be photographed for educational, archival, and public relation purposes.*

I have read and agree to the above statements.

**Signature of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

**Palm Beach Museum of Natural History  
Parental Consent for Volunteers under Age 18**

**Volunteer Under Age 18:** I grant permission for the above named minor to perform volunteer services at PBMNH.

Volunteer Name (please print full name) \_\_\_\_\_

Age \_\_\_\_\_

My signature below indicates that I have read and agree to the above statement that applies to the named minor and have read and agree to the Volunteer Policy outlined in this document which also applies to above named minor as a volunteer at PBMNH.

\_\_\_\_\_

Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Signature of Director of Volunteers

\_\_\_\_\_  
Date (mm/dd/yyyy)