



# Museum of Science & Industry

## Volunteer Application Form

Personal Information (PLEASE PRINT):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Evening Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Are you a past volunteer at MOSI? \_\_\_\_\_

DOB (Month/Day/Year): \_\_\_\_\_ Age \_\_\_\_\_ (Applicants must be 14 years of age or older)

Do you consider yourself (Circle one): Native American Asian Pacific Islander African-American Hispanic

(Completion of ethnicity is voluntary and will not be used in decision for hire) Other White Mixed Race

Do you speak a language other than English? If so which? \_\_\_\_\_

How did you learn about the MOSI volunteer program? \_\_\_\_\_

Have you been convicted of a crime? (Conviction will not necessarily disqualify an applicant from volunteering.) Yes No

If yes, please explain: \_\_\_\_\_

Listed below are the current volunteer opportunities. Please indicate preferences: Please  your area of interest.

InterActor	Summer Science Camp Counselor	Exhibits Shop Assistant (18 or older)	
Retail Outlets- Science Store	Group Greeter	HAM Radio operator (18 or older)	
Way-Finder (18 or older)	Internships	Graphic Arts Assistant (18 or older)	
Living Systems/ BioWorks Garden	Clerical		

Please list references (non-family) below:

NAME PHONE RELATIONSHIP

1. \_\_\_\_\_

2. \_\_\_\_\_

I understand that I am applying for a position as an unpaid volunteer at MOSI. As such, I agree to follow all guidelines and policies set forth, and will, to the best of my ability, uphold the mission of MOSI. I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application to become a volunteer as may be necessary in arriving at a decision. I understand that there is a minimum time commitment for volunteering at MOSI. This commitment is based on the department for which volunteer works for. By signing this document I allow MOSI to perform pre-volunteer background check with local and state law enforcement. I understand that misrepresentations, omissions of fact, false, incomplete or misleading information given in my application, resume or interview(s) may remove me from further consideration for volunteering.

**PARENT PORTION:** I have read and understand this application and I give my child permission to be a volunteer at MOSI. I accept full responsibility for my child's participation in the program. Additionally, I give permission for MOSI to seek emergency medical attention in the event I am unable to give consent for my child.

Volunteer signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian signature (If VOL. is under 18) \_\_\_\_\_

Volunteer Coordinators: Joel Bates & Esteban Tarré E-mail: MOSIVAX@mosi.org Phone: (813) 987-6370 4801 E. Fowler Ave. Tampa, Florida 33617 Fax: (813) 987-6352 www.mosi.org	<b>For office use only:</b> SSC: FT PT AM PM
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<b>For office use only</b>	Orientation date:	Referring Org.	Intvw:
Received PSS:	Placement:	BKground check/ID copy	Entered in Database:

For office use	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM/PM/AD							