



MUSEUM DAILY SUPPORT OPERATIONS VOLUNTEER APPLICATION CHECKLIST

Dear MOSI Volunteer Applicant,

Thank you for your interest in becoming a MOSI Daily Support Volunteer!
 Provided below, are required documents to be completed prior to your scheduled orientation date.

APPLICATION CHECKLIST

- VOLUNTEER APPLICATION FORM
- MEDICAL RELEASE AND EMERGENCY AUTHORIZATION
- AFFIDAVIT OF GOOD MORAL CHARACTER – ***(Form Must Be Notarized)***
- VOLUNTEER COMMITMENT AGREEMENT
- VOLONTEER SCHEDULE REQUEST
- VOLUNTEER QUESTIONNAIRE
- BACKGROUND SCREENING DEMOGRAPHICS FORM
- RECEIPT OF \$50 APPLICATION FEE**—the fee can be paid at the ***Guest Services: Ticketing counter*** with cash, check, credit card, or debit card. Please write your name on your receipt and attach a **Receipt Copy** to this application. **The Fee must be received prior to attending orientation!**
- SELECT AN ORIENTATION SESSION TO ATTEND:

2019 SPRING SESSION	PLEASE INDICATE WHICH ORIENTATION SESSION YOU WILL BE ATTENDING <i>(Only Select One):</i>		
VOLUNTEER SUPPORT ORIENTATION TIME & DATES: Volunteers are required to attend orientation <u>before</u> being assigned to volunteer in the museum.	<input type="checkbox"/> Saturday April 13, 2019 10:00am-12:00pm	<input type="checkbox"/> Saturday May 11, 2019 10:00am-12:00pm	<input type="checkbox"/> Saturday June 8, 2019 10:00am-12:00pm

- SUBMIT APPLICATION TO THE MOSI VOLUNTEER DEPARTMENT**
 - **Email-** Genesis.Hughes@mosi.org
 - **Fax-** ATTN: Volunteer Department (813) 987-6370
 - **In Person-** Drop off at our **Guest Services Ticketing Counter**
 - **Mail-** MOSI, ATTN: **Volunteer Department, 4801 East Fowler Ave, Tampa, Fl. 33617**

ONCE ALL APPLICATION DOCUMENTS ARE RECEIVED, THE VOLUNTEER DEPARTMENT WILL CONTACT YOU VIA EMAIL TO CONFIRM YOUR VOLUNTEER ORIENTATION DATE AND RELATED INFORMATION.



Museum of Science & Industry Volunteer Application Form

Last Name: _____ First Name: _____ MI: ____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____

Email: _____ (All communication is via email)

DOB (Month/Day/Year): _____ Age _____ Male: ____ Female: ____

(Applicants must be 15 years of age or older)

Do you speak a language other than English? Yes No If yes, which? _____

Are you a past volunteer at MOSI? Yes No If yes, last date volunteered? _____

How did you learn about the MOSI volunteer program? _____

Are you completing volunteer hours for school or a scholarship? Yes No

If yes, total hours needed? _____

Are you completing volunteer hours for court-ordered community service? Yes No

If yes, MOSI is currently NOT able to accept court-ordered community service volunteers.

If you are under 18, please complete the following:

School: _____ Grade: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Phone: _____ Email: _____

Please list two (2) references (non-family) below:

Name	Phone	Relationship

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. By signing this document I allow MOSI to perform a pre-volunteer background screen. The screening process may consist of criminal background checks and/or inquiries into State licensing authorities. 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/LEGAL GUARDIAN 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

Parent/Guardian Signature (if under 18)

Email: Genesis.Hughes@mosi.org
4801 E. Fowler Avenue, Tampa, FL 33617 Fax: (813) 987-6310
Phone: (813)987-6370 www.mosi.org

MEDICAL RELEASE AND EMERGENCY AUTHORIZATION



VOLUNTEER NAME: _____

Phone: _____ **Email:** _____

In consideration of the privilege to participate in MOSI's volunteer Program, the UNDERSIGNED hereby assumes all responsibility for medical treatment and insurance to cover any injury or illness not covered by liability insurance provided by MOSI while volunteering for MOSI. In addition, I consent to allow MOSI to seek emergency medical attention in the event that I am unable to give consent.

The UNDERSIGNED understands that the VOLUNTEER is covered by MOSI for liability for on-the-job injuries, but not by health, accident, or life insurance, or Social Security through MOSI. The VOLUNTEER also understands that if a staff supervisor requests the VOLUNTEER to perform a task that exceeds the VOLUNTEER'S physical capabilities, the VOLUNTEER is responsible for declining the assignment.

Do you have any physical limitations (including allergies, medications you are currently taking, etc.) that would affect your ability to complete your volunteer assignment? (Circle one) Yes No

If yes, please Explain:

Emergency Contact:

NAME: _____

Relation to volunteer _____

Primary Phone: _____

Secondary Phone: _____

NAME: _____

Relation to volunteer _____

Primary Phone: _____

Secondary Phone: _____

MEDICAL INFORMATION:

Preferred Physician: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Volunteer Signature

Date

Parent/Guardian Signature
If volunteer if volunteer is less than 18 years of age

Date

MOSI AFFIDAVIT OF GOOD MORAL CHARACTER

Before me this day personally appeared _____ who, being duly sworn, deposes and says: (Applicant/Employee/Volunteer Name)

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with the Museum of Science & Industry (MOSI), I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

Section 393.135 sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct

Section 394.4593 sexual misconduct with certain mental health patients and reporting of such sexual misconduct

Section 415.111 adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse

Section 741.28 criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction

Section 777.04 attempts, solicitation, and conspiracy to commit an offense listed in this subsection

Section 782.04 murder

Section 782.07 manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child

Section 782.071 vehicular homicide

Section 782.09 killing an unborn child by injury to the mother

Chapter 784 assault, battery, and culpable negligence, if the offense was a felony

Section 784.011 assault, if the victim of offense was a minor

Section 784.03 battery, if the victim of offense was a minor

Section 787.01 kidnapping

Section 787.02 false imprisonment

Section 787.025 luring or enticing a child

Section 787.04(2) taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding

Section 787.04(3) carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person

Section 790.115(1) exhibiting firearms or weapons within 1,000 feet of a school

Section 790.115(2)(b) possessing an electric weapon or device, destructive device, or other weapon on school property

Section 794.011 sexual battery

Former Section 794.041 prohibited acts of persons in familial or custodial authority

Section 794.05 unlawful sexual activity with certain minors

Chapter 796 prostitution

Section 798.02 lewd and lascivious behavior

Chapter 800 lewdness and indecent exposure

Section 806.01 arson

Section 810.02 burglary

Section 810.14 voyeurism, if the offense is a felony

Section 810.145 video voyeurism, if the offense is a felony

Chapter 812 theft and/or robbery and related crimes, if a felony offense

Section 817.563 fraudulent sale of controlled substances, if the offense was a felony

Section 825.102 abuse, aggravated abuse, or neglect of an elderly person or disabled adult

Section 825.1025 lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult

Section 825.103 exploitation of disabled adults or elderly persons, if the offense was a felony

Section 826.04 incest

Section 827.03 child abuse, aggravated child abuse, or neglect of a child

Section 827.04 contributing to the delinquency or dependency of a child

Former Section 827.05 negligent treatment of children

Section 827.071 sexual performance by a child

Section 843.01 resisting arrest with violence

Section 843.025 depriving a law enforcement, correctional, or correctional probation officer means of protection or communication

Section 843.12 aiding in an escape

Section 843.13 aiding in the escape of juvenile inmates in correctional institution

Chapter 847 obscene literature

Section 874.05(1) encouraging or recruiting another to join a criminal gang

CONTINUED ON NEXT PAGE

Chapter 893 drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075 sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3) inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40 escape
Section 944.46 harboring, concealing, or aiding an escaped prisoner
Section 944.47 introduction of contraband into a correctional facility
Section 985.701 sexual misconduct in juvenile justice programs
Section 985.711 contraband introduced into detention facilities

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21, F.S.; a career offender pursuant to s. 775.261, F.S.; or a sexual offender pursuant to s. 943.0435, F.S., unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354, F.S.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at the Museum of Science & Industry (MOSI), in any position that requires background screening as a condition of employment, I must immediately notify my supervisor / employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses.** I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses.

I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: _____

Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above.** I have placed a check mark by the offense(s) contained in my record. (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: _____

Sworn to and subscribed before me this ____ day of _____, 20____.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

Affiant personally known to notary

OR

Affiant produced identification

Type of identification produced: _____



MUSEUM SUPPORT VOLUNTEERS SPRING 2019 / SPRING 2020- COMMITMENT AGREEMENT

Dear MOSI Volunteer Applicant,

Thank you for your interest in becoming a MOSI Support Volunteer! We are excited to have you join our Volunteer Team and help make science real for people of all ages and backgrounds.

The MOSI volunteer program requires a commitment of both time and effort from our Support Volunteers:

- Volunteers must commit to an equivalent of **100 Hours during the 2019 Spring / 2020 Spring session**. Full-day and half-day shifts are available as follows:
 - **Weekdays (Monday through Friday)**
Full-day 9:30am to 5:00pm
Half-day 9:30am to 1:30pm or 1:00pm to 5:00pm
 - **Weekends (Saturday and Sunday)**
Full-day 9:30am to 5:00pm
Half-day 9:30am to 1:30pm or 1:00pm to 5:00pm
- It is **mandatory** for new volunteers to attend a New Volunteer Orientation Session. Orientation hours are counted in the time commitment.
- This time commitment provides our volunteers the opportunity to gain both specialized training and hands-on experience for their future.
- Volunteers may choose to continue volunteering after the Winter/Spring session ends (Summer Session).

Printed Name: _____ Date: _____

Signature: _____

Email: _____

MOSI Volunteer Department
Genesis.Hughes@mosi.org

VOLUNTEER SCHEDULE REQUEST


The following shifts are available:

<u>Monday – Sunday</u>	
All Day	9:30am – 5:00pm
Morning – Half Day	9:30am – 1:30pm
Afternoon – Half Day	1:00pm – 5:00pm

**All Day Volunteers will have 30 minutes for lunch with Two 15 minutes.
Half Day Volunteers will have 15 minutes.**

DATE	SHIFT

Submit completed schedule request forms to: **MOSI Volunteer Department**

 mosivax@mosi.org



MOSI MUSEUM VOLUNTEER QUESTIONNAIRE

NAME: _____

Directions: Please answer the questions below. If you would like to respond on a separate sheet, you may.

1. What school do you attend and what grade are you in?
2. What is something you are passionate about?
3. If you have volunteered before, where did you volunteer and what did you do?
4. In what area(s) of science or technology are you most interested, and why?
5. Why do you want to volunteer with MOSI?
(ex: service hours, encouraged by family and friends, I like science, etc.)
6. Do you have any health matters we should be aware of?
(ex: I can't stand for more than 2 hours, I have a sensitivity to outdoor contaminants, I am not comfortable with new people, etc.)

MOSI: Museum of Science & Industry -- Volunteer Department
Genesis.Hughes@mosi.org

Please Read Carefully Before Signing this Authorization

DISCLOSURE

In considering you for volunteer assignment and, if you are assigned, in considering you for subsequent placement, reassignment, retention, or discipline, the Museum of Science & Industry (MOSI) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an volunteer assignment decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before MOSI can obtain a consumer report or investigative consumer report about you for volunteer assignment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize MOSI to obtain and rely upon consumer reports or investigative consumer reports in considering me for volunteer assignment and, if I am assigned, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize MOSI to obtain any such reports and to share the information received with any person involved in the volunteer assignment decision about me.

I do do not authorize you to contact any individuals listed in the “Reference Section” of my application.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of MOSI.

Applicant Signature

Date

PERSONAL DATA

*First Name: _____
Middle Name: _____
*Last Name: _____
Aliases: _____
*SSN: _____
*Date of Birth: _____
*Place of Birth: _____
*Driver's License #: _____

*Address Line 1: _____
Address Line 2: _____
City: _____
State: _____
Zip: _____
*Email: _____
*Phone #: _____

Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of volunteer assignment and my discharge after volunteer assignment.

Printed Name

Applicant Signature

Date

Parent/Guardian signature (If VOL. is under 18)