

Volunteer Application (Part I)

Contact: Rhonda Gordon, Volunteer & Outreach Coordinator 561-832-4164, ext. 110 or rgordon@hspbc.org

Today's Date:						
Name:		Nickname	p:			
Address:						
City, State, Zip:						
Home Phone:		Cell Phon	e:			
E-Mail Address:		Birthday	Birthday (Year Optional):			
Current Occupation	1:	Employe	r:			
Education (highest	grade or degree):					
Emergency Contact	Name:	R	Relationship:			
Emergency Phone N	Number(s):					
How did you hear a	bout us?					
Are you currently a	member of the Historical Soc	ciety?				
Please provide two	references:					
Name	Phone	Email	Relationship	# of yrs knowi		
Name	Phone	Email	Relationship	# of vrs know		



Volunteer Application (Part II)

Volunteer Position Pre	ference: (If more	than one interes	st, please indicate by 1st, 2n	id, 3rd choice)				
	Docent							
	Bookstore Gift S	Shop Assistant						
	Archival Assistant							
	Greeter First Impressions							
	Education Assist							
	Special Events _							
	Other							
Available Days/Times:	(Please indicate A	ALL options)						
	Monday	Morning	Afternoon					
	Tuesday	Morning	Afternoon					
	Wednesday	_ Morning	Afternoon					
			Afternoon					
			 Afternoon					
			Afternoon					
Volunteer Experience:								
Areas of Borsonal Into	rost Hobbios							
Areas of Personal Inte	rest, Hobbies:			····				
Special Skills, Training:								
Special Skins, Training.	·							
Other Language(s) Spo	oken:							
a mer am Bange(e) ep e								
If volunteering for sch	ool credit, # of hou	urs needed?	Due by?					
Interview Date:Background Check Request Submitt			Approved:					

				Added to HSPBC Emails:				
Entered into Volgistics:Added to Rg Email Distribution List:				Picture & Short Bio:				
, wasca to INS LITTER DISTINUTION LIST.		CCG TO ILAIVI.						