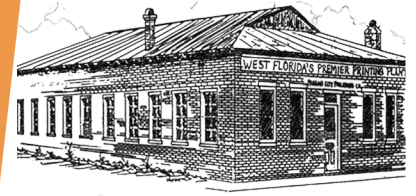


VOLUNTEER APPLICATION

PANAMA CITY PUBLISHING COMPANY MUSEUM



Name: _____ **Date:** _____ **Phone:** _____ **Birthday:** _____

Address: _____

Email: _____ **Current Occupation:** _____

Previous Volunteer Experience: _____

Special Skills: _____

Emergency Contact Info (Name, Phone, Relationship): _____

Physical Limitations (Please explain): _____

Days and Times Available: _____

Have you ever been convicted of a felony? If so, please explain. _____

2 References - Name, Phone, Email (no family members): _____

Which volunteer assignments interest you the most?

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Children's Programs | <input type="checkbox"/> Interior/Exterior Building Maintenance & Upkeep | | |
| <input type="checkbox"/> Museum Greeter/Host/ Tour Guide | <input type="checkbox"/> Social Events | <input type="checkbox"/> Print Shop Assistant | <input type="checkbox"/> Admin/Office Work |
| <input type="checkbox"/> St. Andrews Walking Tour Guide | <input type="checkbox"/> Butterfly Garden | <input type="checkbox"/> Collections/Archives | <input type="checkbox"/> Fundraising |

I understand that I am not an employee of and agree to abide by the procedures set forth of the Museum and/or Historic St. Andrews Waterfront Partnership, the Panama City Community Redevelopment Agency, or the City of Panama City and that any duties that I perform are as a volunteer. I also understand that it is my responsibility to update any address changes, emergency contact changes, or any other changes to the information provided on this form.

Signature _____

Signature of Parent/Guardian (if under 18) _____

