



To be completed by staff

PP contact ID _____

Vol. start date _____

Return to: Venice Museum & Archives
Volunteer Coordinator
 351 Nassau St. S
 Venice, FL 34285
 (941) 486-2487
 (941) 480-3590 fax
 vmuseum@venicegov.com

Volunteer Application – please print

Name _____ Date _____

Local address _____

Out of town address _____

Email _____ Cell (_____) _____ Home (_____) _____

Emergency contact name _____ Phone (_____) _____

Availability schedule – check box

	Monday	Tuesday	Wednesday	Thursday	Saturday 11:00am- 3:00pm	Special event in evening
10:00am- 1:00pm						
1:00pm- 4:00pm						

Volunteer interest areas Tour guide/front desk Research Collections Mgmt.

Computer skills None Beginner Advanced Beginner Intermediate Expert

Other skills, experience, training, hobbies (*clerical, public speaking, carpentry, etc.*) _____

Volunteer experience

Organization	Type of experience	Dates

Employer/retired from _____ Education _____

References _____

Allergies or physical or other disabilities that would involve special placement? Yes No
 If yes, please describe _____

I give permission for my name/contact info to be disclosed to VMA volunteers for VMA purposes.

Signature _____