

**Ponce Inlet Lighthouse
VOLUNTEER APPLICATION**

Date: _____

Name:

(Last)

(First)

(Middle)

Address:

(Apt #) (Street)

(City)

(Zip)

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Birthdate (mm/dd/yyyy): ____/____/____

Best time to contact you? _____

Preferred Method of Contact: ____ Email ____ Phone

What are your volunteer interests? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Onsite Educational Tour Guide | <input type="checkbox"/> Lighthouse Ambassador |
| <input type="checkbox"/> Tower Monitor | <input type="checkbox"/> Maintenance Department Assistant |
| <input type="checkbox"/> Living History Interpreter | <input type="checkbox"/> Gift Shop Assistant |
| <input type="checkbox"/> Costuming Assistant | <input type="checkbox"/> Educational Outreach Facilitator |
| <input type="checkbox"/> Onsite Workshop Facilitator | <input type="checkbox"/> Special Event Assistant |
| <input type="checkbox"/> Administrative Assistant | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Curatorial/Transcription Assistant | |

Do you have any specialized skills or past volunteer experience? (Check & give details)

Speak Foreign Language(s) Please Specify: _____

Play Musical Instruments(s) Please Specify: _____

Education and Experience Please Specify: _____

Prior Volunteer Experience Please Specify: _____

Other Skills _____

How many hours per week/month would you be able to volunteer? _____

What days and times are you most available to volunteer?

Days: ___Sun ___Mon ___Tues ___Wed ___Thurs ___Fri ___Sat

Times: ___ Mornings (8:00– 12:00) ___Afternoon (12:00 – 4:00) ___Evenings (4:00 +)

Are you a part-time resident (i.e. snowbird)? ___ Yes ___ No

If yes, what months are you available to volunteer?

___ Jan ___ Feb ___ March ___ April ___ May ___ June

___ July ___ Aug ___ Sept ___ Oct ___ Nov ___ Dec

Do you wish to provide any additional information? _____

Emergency Contact:

(Name)

(Phone)

(Relationship)

WE ARE REQUIRED TO DO BACKGROUND CHECKS

Volunteers who do not pass the background check will not be accepted to the program.

Social Security #: _____ - _____ - _____

(Social Security numbers **will not be kept** after being used for background check)

Please return applications to Mary Wentzel, Programs Manager

mwentzel@ponceinlet.org (386)761-1821 Ext. 18

**THANK YOU FOR YOUR INTEREST IN VOLUNTEERING AT THE PONCE INLET
LIGHTHOUSE**