

**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)*

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**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 [lighthouse@ponceinlet.org](mailto:lighthouse@ponceinlet.org) (386)761-1821

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