



Panama City Publishing Company
Museum & Visitor Center
Of the St. Andrews Waterfront Partnership
1134 Beck Avenue
Panama City, FL 32401

PUBLISHING MUSEUM DOCENT / VOLUNTEER APPLICATION

Name (First / Last): _____ Date: _____

Street Address: _____ City/State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Birthday: _____

Email _____

AVAILABILITY: Long Term: _____ Short Term: _____ Special Project: _____

Check the lines for the time periods in the days you're generally available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	_____	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____	_____

Do you have any physical conditions to be taken into consideration YES NO
when arranging volunteer assignments for you? If yes, please explain: _____

EMERGENCY INFORMATION

In case of an emergency, contact:

Name: _____ Relationship: _____

Phone #'s Home: _____ Cell: _____ Work: _____

SKILLS AND INTERESTS

Current/Previous Occupation: _____

Previous Volunteer Experience: _____

Hobbies/Special Skills: _____

Do you own property in St. Andrews? YES NO

If yes, would you like to be considered to serve on the HSAWP Board of Directors? YES NO

Which volunteer assignments interest you the most?

1. _____ GREETER/HOST to assist visitors.
2. _____ WALKING TOUR – guide outdoor walking tours of St. Andrews.
3. _____ BUTTERFLY GARDEN – design, plant, care for.
4. _____ WORKSHOP ASSISTANT – assist with coordination, production and/or promotion of workshop activities.
5. _____ SOCIAL – assist at fundraising and other social events.
6. _____ LIBRARY/ARCHIVE – organize, catalogue, and input data into computer.
7. _____ PLANNING/ GRANT WRITING
8. _____ OTHER (Please specify): _____

REFERENCES

List two personal references, other than family members:

Name: _____ Phone: _____

Street Address: _____ City/State/Zip: _____

Name: _____ Phone: _____

Street Address: _____ City/State/Zip: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

I understand that I am not an employee of the Publishing Museum / 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 agree to abide by the procedures set forth by the Publishing Museum / St. Andrews Waterfront Partnership, the Panama City Community Redevelopment Agency, and the City of Panama City for my assigned work duties. 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

Date

Parent/Guardian (if under 18 years of age)

Date