



**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: _____ DOB: _____

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 | _____ | _____ | _____ | _____ | _____ | _____ |

Are there any physical conditions to be taken into consideration when arranging volunteer assignments for you? YES NO

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: _____

Why are you interested in volunteering for the St. Andrews Waterfront Partnership?

1. _____ GREETER/HOST during set museum to assist visitors.
2. _____ WALKING TOUR – assist with walking tours of St. Andrews.
3. _____ WORKSHOP ASSISTANT – assist with coordination, production and/or promotion of workshop activities.
4. _____ SOCIAL – assist at fundraising and other social events.
5. _____ LIBRARY/ARCHIVE – organize, catalogue, and input data into computer.
6. _____ PLANNING/ GRANT WRITING
7. _____ 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