



Boca Grande Historical Society & History Center
170 Park Avenue / P.O. Box 553
Boca Grande, FL 33921-0553
941-964-1600

info@bocagrandehistoricalociety.com

Please Print

Name: _____

Address: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

E-mail: _____ Date of Birth: _____

Name of person to contact in case of an emergency:

Name: _____

Relationship: _____

Cell Phone: _____ Home Phone: _____

Are you a seasonal resident? Y N

Student? Y N

List your current employment and/or volunteer roles: _____

Tell us about your interests/skills/experience: _____

Have you ever been convicted of a crime? Yes No

If "Yes", please explain:

Driver's License or I.D. No.

State:

DL Endorsement(s)

Date Expires:

Please circle the most appropriate day(s) and shift(s) that you would be available to volunteer:

Available Any Shift

or

Mornings:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday (as needed)
Afternoons:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday (as needed)
Evenings:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday (as needed)

How many hours per week/day are you willing to volunteer? _____

What category most interests you? (Circle any options that fit below)

Programs & Events	Greet & Guide Visitors	Social Media
Collection Scanning	Research	Marketing Flyers in Town
Data Entry	Oral Histories	Grant Writing
Fundraising	Archives	Membership & Sponsorship

Volunteer Privacy Information and Release Authorization

Application information

I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

References

I understand that Boca Grande Historical Society, Inc. requires information from me to evaluate my qualifications for volunteer service. I authorize and release personal references, employers (past and present), and, if necessary, other applicable entities to answer questions in regard to volunteer work, employment, ability, character, medical and emotional background and, if applicable, driving history.

Background investigation

I understand that, in consideration of my application, a background investigation may be conducted. I understand this investigation will include, but is not limited to, a criminal background check in the files of any federal, State or local justice agency, performance of medical examinations, drug screening or reference verification. I understand that I have a continuing obligation to disclose any charges and convictions during my volunteer service.

I authorize Boca Grande Historical Society, Inc. to conduct any background investigation and release Boca Grande Historical Society, Inc. from responsibility for the investigation. I understand the requested information is for the sole purpose of gathering accurate information for volunteer service for the safety of our staff, volunteers, and visitors.

I have read and understand the above and by my signature consent to these statements.

Applicant Signature: _____ **Date:** _____

Return completed application to:

In Person: Boca Grande Historical Society & History Center at 170 Park Ave., Boca Grande, FL 33921

Mail: Boca Grande Historical Society, P.O. Box 553, Boca Grande, FL 33921

Email: Crystal Diff, Executive Director at crystal@bocagrandehistoricalsociety.com