



Volunteer Application

Please complete and return by mail or email to
clearwaterhistoricalsociety@gmail.com

Name: _____
(Please include all surnames and maiden name for background check)

Address: _____ City: _____ State: _____ Zip: _____

Mobile _____ Email _____

Are you over 18 ? Yes _____ No _____ Birthdate : (month/day/year) _____

_____ Parent's Signature is required for volunteers under 18

I would like to volunteer in the following areas (check all that apply)

- ___ Gallery Host/Hostess (Greet patrons, sales with POS, provide information, answer phone etc.)
- ___ Gallery Display and Maintenance (Help put up and take down exhibitions, painting, display galley & retail)
- ___ Special Events (Host/Hostess, serving, bartending, etc. for fundraisers, lectures, and openings etc.)
- ___ Marketing & Public Relations (Bulk mail, poster distribution etc.)
- ___ Office (Hands on and Computer work, research, phone calling, writing, filing etc.)

What day of the week and time are you available?

Why do you wish to volunteer? _____

Please tell us about your skills:

- | | |
|--|--------------------------------|
| ___ Sales/Retail | ___ Grant Writing |
| ___ Arts/Exhibits | ___ Marketing |
| ___ Computers & Technology | ___ Office Work |
| ___ Research | ___ Leadership/Board/Committee |
| ___ Construction & General Maintenance | ___ Docent |
| ___ Writing/Editing | ___ Training/Facilitation |
| ___ Special Events | ___ Garden and or Landscaping |

Other: _____

What motivated you to volunteer with Clearwater Historical Society?

Work experience?

Volunteer experience?

References? Please provide one work and one volunteer reference if you are able.

Reference 1.

First & Last Name _____
Mobile: _____ Relationship: _____

Reference 2.

First & Last Name _____
Mobile: _____ Relationship: _____

A background check may be conducted to protect the interest of the Clearwater Historical Society and its members.

We thank you for your interest in volunteering at the Clearwater Historical Society Museum & Cultural Center. During this time of COVID 19 we ask for your patience in hearing from us. If you have any questions call (727) 754-8019

Emergency Contacts:

Contact 1

First & Last Name _____
Mobile: _____ Relationship: _____

Contact 2

First & Last Name _____
Mobile: _____ Relationship: _____

Print Your Name: _____

Signature: _____ Date: _____

_____ I would like to be added to the email list for updates about Clearwater Historical Society

Clearwater Historical Society, Inc.

Volunteer

Waiver and Release

I _____, in consideration of being granted entry into property of the School Board of Pinellas County, Florida (South Ward School), at 610 South Fort Harrison, Clearwater, FL 33756, hereby waive and release the School Board of Pinellas County, Florida and the Clearwater Historical Society, Inc. and their agents and employees from any and all damages, claims, suits, liability, actions, judgements, attorney fees, cost, losses, and any expenses of any kind resulting from injuries or damages I sustain as a result of entry on the property.

Signature _____

Print Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Date _____