



The Dalí Museum thrives because of its loyal members, whose support helps maintain the museum as an essential cultural and educational resource for everyone to enjoy.

PERSONAL INFORMATION:

Applicant Name: _____
Last First Middle

Home Address: _____ City, State, Zip _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Are you over the age of 18? Yes No Date of Birth: ____MM ____DD ____YYYY

If under 18, the signature of a parent/guardian is required.



_____ Parent's Signature giving approval for students to volunteer at the museum.

VOLUNTEER AVAILABILITY: Please Check All That Apply

Will you be a year-round volunteer: Yes No

Spring Summer Fall Winter

| Mondays | Tuesdays | Wednesdays | Thursdays | Fridays | Saturdays | Sundays |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning |
| <input type="checkbox"/> Mid-day | <input type="checkbox"/> Mid-day | <input type="checkbox"/> Mid-day | <input type="checkbox"/> Mid-day | <input type="checkbox"/> Mid-day | <input type="checkbox"/> Mid-day | <input type="checkbox"/> Mid-day |
| | | | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | | |

Please briefly summarize your reasons for wanting to volunteer at The Dalí: _____

Education and Employment History: Please briefly summarize your educational background and employment experience. _____

SKILLS: Please list any skills that apply (languages, software proficiency, etc.) _____

How did you hear about The Dalí's volunteer program? _____

EMERGENCY CONTACTS: Please provide us with names, phone numbers of two emergency contacts.

| Contact #1 | Contact #2 |
|-------------------------|-------------------------|
| First & Last Name _____ | First & Last Name _____ |
| Home Phone _____ | Home Phone _____ |
| Cell Phone _____ | Cell Phone _____ |
| Relationship _____ | Relationship _____ |

Have you ever been placed in a pre-trial intervention (PTI) or a related program, placed On probation, fined, had to provide restitution to a third party, pled nolo contendere (no contest) or had adjudication withheld by any judicial or quasi-judicial body for a felony or a misdemeanor (other than a minor traffic violation)?

Yes

No

If yes, please explain. _____

As a volunteer, I agree to abide by all applicable rules and regulations of The Dalí volunteer program.

I certify that the information given by me to The Dalí is true and complete to the best of my knowledge. I understand that if I give false information or omitted information, volunteering my be terminated whenever the falsification or omission is discovered.

I agree to make every effort to fulfill my appointments for volunteer service at The Dalí and will notify the appropriate staff of The Dalí in advance when I am unable to do so.

I am aware that a background check may be conducted by the Museum as a provision of volunteer service at the Museum.

I authorize The Dalí Museum to procure a consumer report on me for this purpose.

Name on Social Security Card: _____ SS # _____

Former Address (prior to the address on the application) Street, City, State, Zip:

Years at this address: _____



Volunteer Signature: _____ **Date:** _____

Email, Mail, or Fax the completed application to:

The Dalí Museum
Attn: Volunteer Services
1 Dalí Boulevard
St. Petersburg, FL 33701

Volunteer Office:

Tel: 727-623- 4731 Fax: 727- 683-9463 Email: volunteer.office@thedali.org