



Volunteer Application

Please complete this form and drop it off, mail, or email to the address above.

Ms./Mrs./Mr. _____ Date of Birth ____/____/____
Last First

Florida Address _____
Street Apt #

City State Zip Code

Daytime Phone # _____ Cell Phone # _____

E- mail(s) _____

Special needs? If yes, please describe _____

Emergency Contact: _____ Relationship _____

Daytime Phone # _____ Cell Phone _____

How did you hear of the Holocaust Museum & Cohen Education Center?

Friend [] Media [] Speaker [] Special Event [] Website []

Other, Please Explain _____

What was your past occupation? _____

Are you or any member(s) of your family Holocaust Survivor(s) or Liberator(s)? _____

Interest Checklist – Please circle all that apply

- Docent Education Front Desk Receptionist Community Outreach
- Fundraising Events Exhibits Other _____

Are you here all year or seasonal? Months not in area? _____

Weekend Availability _____

I, the undersigned, hereby release and hold harmless the Museum, its officers, employees, volunteers and supervisors from any and all liability damages, mishap or injury in the performance of any duties I might perform. I assume all risks incident thereof with respect to myself.

PHOTO RELEASE: I irrevocably give, grant and convey to the Museum, its successors, agents and assigns, without compensation to me from any party, the absolute right and unrestricted permission to copyright and/or use and/or publish my name, my image or likeness on videotape and photographs taken of me while volunteering for the Museum. I also hereby waive any right to inspect or approve the finished work.

CONFIDENTIALITY: As a volunteer, I have been informed that confidentiality must be maintained regarding all confidential information relating to business operations. Such information includes, but is not limited to, information about the Museum’s constituents, volunteers, suppliers, contractors, clients, organization relationships, contracts, property, finances, transactions, proposed transactions, inventions, discoveries, trade secrets, research and development data, reports and compilations, cost estimates, financial records and forecasts, correspondence and the like (except those records open to the public), until the Museum decides to disseminate them. I understand any breach of confidentiality may result in my immediate dismissal as a volunteer.

Signature of Applicant

Date

Volunteer Application

For Office Use Only:

Date Received: _____ Contact Date: _____ Date of Interview: _____

Volunteer Interests: _____

Notes: _____

Follow Up: _____
