

## **Volunteer Application**

CONTACT INFORMATION	
FIRST NAME:	LAST NAME:
EMAIL ADDRESS:	
PRIMARY PHONE:	OTHER PHONE:
LOCAL ADDRESS:	DATES:
ALTERNATE ADDRESS (IF APPLICABLE):	DATES:
EMERGENCY CONTACT NAME:	EMERGENCY CONTACT PHONE:
Please see ShellMuseum.org/volunteer for position descriptions, in positions, a background check may be required. Volunteers age guardian. Volunteers aged 12 and younger must be supervised by a lam interested in these volunteer positions:	13-17 may only apply for Aquarium Docent unless supervised by a
Aquarium Docent Community Scie Aquarium Husbandry Great Hall of Sh Children's Field Trip Docent Group Tour Doc	ence
My time preference is:	
Please describe any skills, hobbies, or past employment/volunte	er experience that will be helpful for volunteering:

## **APPLICATION SUBMISSION**

Email completed form to volunteer@shellmuseum.org or print form and mail to:

Bailey-Matthews National Shell Museum & Aquarium 3075 Sanibel Captiva Rd. Sanibel, FL 33957