Volunteer Application Email completed form to volunteer@shellmuseum.org or print form and mail to: Bailey-Matthews National Shell Museum 3075 Sanibel Captiva Rd. Sanibel, FL 33957



Your Contact Information

Name:	l'm under 18
Local Address:	ZIP:
I'm a full-time resident of Sanibel/Captive	а.
I'm a part-time resident during these mo	nths:
Alternate Address:	ZIP:
Primary Phone:	_Other Phone:
Email:	
Emergency Contact (name & phone):	
Which position(s) are you interested in? including requirements and training. (Volunteers under age 13-17 may only apply for Aq	
(Volunteers aged 12 and younger must be supervise	ed by a guardian while volunteering)
☐ Aquarium Docent	\square Mollusks on the Move Volunteer
 Aquarium Husbandry Volunteer Children's Field Trip Docent Great Hall of Shells Docent Group Tour Docent 	 Museum Store or Admissions Volunteer Shell Ambassador Touch Pool Docent
What days are you available to voluntee	r?
Mon Tues Wed Thu	Fri Sat Sun

What is your time preference?

- Morning (10am to 1pm)
- Afternoon (1pm to 4pm)
- No preference

Shell knowledge is NOT required to be a volunteer, but willingness to learn IS.

Please rate your shell knowledge from 0 to 10 (0 = no knowledge, 10 = expert): _____

Please describe any skills, hobbies, or past employment/volunteer experience that will be helpful for volunteering at the Museum. Please note: For some volunteer positions, a background check may be required.