



Holocaust

MEMORIAL RESOURCE & EDUCATION
CENTER OF FLORIDA

Volunteer Application

Application date _____

Volunteer position sought (circle one below)

- Sunday volunteer (1-4 p.m.)
- Episodic (I prefer to volunteer at special events or for special projects on an as-needed basis.)
- Other, please explain:

Full name _____

Home address _____

Primary phone _____ Secondary phone _____

Email address _____

Education

Highest level of education _____

Employment

Current employer, if applicable: _____

Position/Title _____

Dates of employment (starting, ending) _____

Address _____

Would you like us to keep your employer abreast of your volunteer service and achievement?

No Yes

Special training, skills, hobbies

Groups, clubs, organizational memberships, etc...

Please describe your prior volunteer experience (include organization names and dates of service)

Why do you want to volunteer at the Holocaust Center? [or: What do you want to gain from this volunteer experience?]

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

How did you learn about volunteer opportunities at the Holocaust Center?

REFERENCES

Please list two people who know you well and can attest to your character, skills and dependability (NOT family members). This can include your current or last employer.

- 1) Name/Organization
 - a. Relationship to you:
 - b. Phone:
 - c. Length of relationship:
- 2) Name/Organization
 - a. Relationship to you:
 - b. Phone:
 - c. Length of relationship:

EMERGENCY CONTACT

In the case of an emergency, please notify:

Name _____

Relationship to you _____

Primary phone _____ Alternative phone _____

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have and will answer all questions to the best of my ability. I understand that information contained on my application will be verified by the Holocaust Memorial Resource and Education Center of Florida. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with the Holocaust Memorial Resource and Education Center of Florida or my termination as a volunteer.

Printed name _____

Signature _____

Date _____

Please return this completed application to the Holocaust Center via email: info@holocaustedu.org; via fax (407) 628-1079; or via standard mail: 851 N. Maitland Ave., Maitland, FL 32751.