



## Volunteer and Docent Application

Contact Information									
Name							Email Address		
Address							City, State, Zip		
Day Phone							Cell Phone		
Emergency Contact							Relationship		
Address							City, State, Zip		
Are you a student? (Check box or answer Y/N)									
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	High School	<input type="checkbox"/>	College	<input type="checkbox"/>	FSU?	<input type="checkbox"/>
Which areas interest you for volunteer work?									
<input type="checkbox"/>	Special Events (Open House, WFYB)			<input type="checkbox"/>	Docent				
<input type="checkbox"/>	Administrative Assistant			<input type="checkbox"/>	Lead field trips				
<input type="checkbox"/>	Laboratory Research			<input type="checkbox"/>	Workshops				
<input type="checkbox"/>	Lectures			<input type="checkbox"/>	Field Research				
Educational Background –									
How many hours per week/month are you available to volunteer?									
<input type="checkbox"/>	Hours/week			<input type="checkbox"/>	Hours/month			<input type="checkbox"/>	As needed
Are you fluent in languages other than English, including sign language?									
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	List languages					
Do you have a physical limitation or medical condition we should be aware of?									
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, describe					
Have you had experience with someone physically, mentally, or emotionally challenged?									
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, describe					
<a href="#">Click here to forward this form to Our Volunteer Coordinator.</a> Or send to fsucml-volunteer@fsu.edu Thanks!									
Florida State University Coastal & Marine Laboratory   3618 Coastal Highway 98   St. Teresa, FL 32358 Website: marinelab.fsu.edu   Phone 850 697 4120									