

Town of Ponce Inlet  
Planning & Development Department  
4300 South Atlantic Avenue  
Ponce Inlet, FL 32127  
(386) 236-2181



Ponce Inlet Historical Museum  
143 Beach Street  
Ponce Inlet, FL 32127  
(386) 761-2408

## Application for **HISTORICAL MUSEUM VOLUNTEER**

*Please note that all information provided becomes public record upon receipt, unless otherwise exempted per F.S. 119.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Current (or former) Occupation: \_\_\_\_\_

Do you have any experience, education, and/or interest in the fields below or other related field?

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Local history         | <input type="checkbox"/> Planning/Urban design  |
| <input type="checkbox"/> Folklore     | <input type="checkbox"/> Cultural anthropology | <input type="checkbox"/> Curation               |
| <input type="checkbox"/> Conservation | <input type="checkbox"/> Historic preservation | <input type="checkbox"/> Landscape architecture |
| <input type="checkbox"/> Archaeology  | <input type="checkbox"/> K-12 education        | <input type="checkbox"/> Antiques               |

If yes, please explain: \_\_\_\_\_

Please provide information on your volunteer experience. \_\_\_\_\_

Please provide two references:

1. \_\_\_\_\_  
(Name) (Phone Number) (Relationship)

2. \_\_\_\_\_  
(Name) (Phone Number) (Relationship)

Emergency Contact:

\_\_\_\_\_  
(Name) (Phone Number) (Relationship)

I hereby affirm that the information in this application is accurate. I understand that a background check is required prior to my acceptance as a Museum Volunteer. I agree to abide by and comply with all regulations, policies, and procedures for Town of Ponce Inlet volunteers.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### STAFF USE ONLY

Application received by: \_\_\_\_\_ (Initial) Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  **APPROVED**

Background Check received from Police Dept. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  **DENIED**



TOWN OF PONCE INLET/ HUMAN RESOURCE DEPARTMENT  
 4300 S. Atlantic Avenue  
 Ponce Inlet, Florida 32127  
 Phone: (386) 236-2152 // Fax: (386) 322-6717

## AUTHORIZATION TO OBTAIN INFORMATION

I authorize a representative of the Town of Ponce Inlet, Florida to perform a background investigation of myself in connection with my application to volunteer at the **Ponce Inlet Historical Museum**.

\_\_\_\_\_

Applicant's Printed Name
Date of Birth
SSN

- I understand my social security number is requested for the purpose of background investigation and will be used solely for these purposes. Pursuant to F.S. 119, social security numbers are exempt from public records requests, and will be redacted if a record request of my application is made.
- I understand the investigation may include, but is not limited to, information as to my credit, criminal history, driver's license information and records, personal references, and other sources.
- I authorize the release of any information that the Town of Ponce Inlet may request from the above-mentioned sources.
- I recognize that if more than one year elapses between my days of service as a museum volunteer, a new background investigation will be required before I am reinstated.

\_\_\_\_\_

Applicant's signature
Date Signed

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_,

before me came \_\_\_\_\_ whose is

personally known to me or provided \_\_\_\_\_ as

identification and took an oath that the statements made in said instrument are true.

*Notary Stamp/Seal*

\_\_\_\_\_  
 Notary Signature

***A copy of applicant's Driver's License or form of ID must be attached to this document.***