Ybor City Museum Society
Volunteer Application Form

**Personal Information:**

Name: _______________________________________________________________________
Street Address: ________________________________________________________________
City: ______________ State: _______________ Zip Code: ________________
Home Phone: ________________ Cell Phone: ____________________________
Email Address: ________________________________________________________________

**Volunteer Interests:**

Please check all that apply

_____ Docent/Guide       _____ Special Events       _____ Collections
_____ Museum Store       _____ Admin/Office       _____ Marketing
_____ Children’s Programs _____ Special Projects   _____ Research
_____ Fundraising/Grant   _____ Membership       _____ Other

**Availability:**

Please provide the hours you are available each week

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Experience:
Please describe past experience or skills (i.e. museums/parks, history, humanities, research, teaching, volunteer work, etc)
______________________________________________________________________________
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Education:
Please provide schools, degrees earned, and areas of study
1. __________________________________________________________________________
2. __________________________________________________________________________
3. __________________________________________________________________________

Languages:
Please list any known foreign languages and level of proficiency
______________________________________________________________________________
______________________________________________________________________________
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References:
Please provide the name and contact information for two references, as well as their relationship to you
1. Name: ___________________________ Phone: ___________________________
   Email: __________________________ Relationship: __________________________
2. Name: ___________________________ Phone: ___________________________
   Email: __________________________ Relationship: __________________________

Please Mail, Fax, or Email Completed Application to:
Ybor City Museum Society  Fax: (813) 242-4010
P.O. Box 5421  Email: emccoy@ybormuseum.org
Tampa, FL 33675