

6. Have you ever been convicted of, pled nolo contendere (no contest), or had adjudication of guilt withheld to any crime which is a felony or first-degree misdemeanor? Yes No

If "yes", where, when and to what charge(s)?

NOTE: A "yes" answer to question #6 will not automatically bar you from becoming a volunteer. The nature, severity, and date of the offense in relation to the position for which you are applying will be considered.

VOLUNTEER POSITIONS:

Please indicate your interest in particular volunteer positions. (You may check more than one box.) Please note that not all volunteer positions are available at all times.

- Greeter** – *Be the first contact for our visitors*
- Docent** – *Provide guided tours of the Historic Capitol*
- Researcher** – *Dig deeper into a topic in Florida’s political history*
- Educational Program Specialist** – *Help teach Florida’s children about this important site*
- Office Assistant** – *Assist with record keeping and data entry*
- Public Relations Assistant** – *Do graphic design work, draft copy for newsletters, etc.*
- Collections Assistant** – *Organize archival, photographic, and artifact collections*
- Internship** – *Staff will work with you to set up an individualized project (please attach resume)*

The Florida Historic Capitol is open Monday through Friday from 9:00 a.m. to 4:30 p.m., Saturday from 10:00 a.m. to 4:30 p.m., Sunday from Noon to 4:30 p.m. and occasionally for special events in the evenings. It is closed on Thanksgiving and Christmas. **Please indicate when you are available to volunteer:**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

How many total hours are you willing to commit per week or month? _____

Please explain any specific schedule requests

Certification: I am aware that in order to become a volunteer with the Florida Historic Capitol Museum, I shall furnish such personal information as may be necessary for a determination of suitability as a volunteer. I consent to the release of information about my ability and fitness for state volunteer services by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Florida State government for volunteer services purposes. I understand that applications submitted for volunteer services are public records. I certify that to the best of my knowledge and belief all the statements contained herein and on any attachments are true, correct, complete, and made in good faith. I further certify that I have been advised that my service with the Historic Capitol shall be governed by the provisions of Chapter 110, Part IV (Volunteers), Florida Statutes, as amended, and, as a volunteer with a state agency, my service is not subject to any provisions of law relating to state employment, to any collective bargaining agreement, or to any laws relating to hours of work, rates of compensation, leave time, and employee benefits, except those consistent with section 110.504, Florida Statutes, as amended, and I must comply with all policies, rules and procedures. **I understand that any misrepresentation, omission, or incorrect statement of facts called for in this application is cause for immediate dismissal of me as a volunteer.**

SIGNATURE _____ DATE _____

PARENTAL PERMISSION IS REQUIRED FOR VOLUNTEERS UNDER AGE 18:

Signature of Parent or Guardian

DATE _____

Printed Name: _____