

PLEASE PRINT:

First Name _____ Last Name _____

Address: _____

City/State/Zip _____

Date of Birth (mm/dd/yr) _____ Male Female

Physical Limitations: No Yes (Please explain)

List previous volunteer experience: _____

Are you interested in?

Junior Docent Tour Guide Museum Greeter Grounds Assistants Special Events Assistants

Volunteer availability when not in school: (Circle all applicable)

Number of Days per Week: 1 2 3 4 5

Tuesday Wednesday Thursday Friday Saturday

In an emergency, notify:

Name _____

Home # _____ Cell # _____

Which volunteer location? (Circle all applicable)

May Stringer House - 1885 Train Depot - Countryman One Room School

Parent Signature: _____

Date: _____

RETURN APPLICATION TO:

Mary Waller, 66 Russell St, Brooksville, FL 34601

OR call 352-515-3054 for additional information