



STUDENT VOLUNTEER APPLICATION

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

Zip

Email \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please provide one or more email addresses at which the Women's Sports Museum has permission to contact your child

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Should illness, injury, or emergency occur and I cannot be reached, I authorize the following person to act on my behalf:

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

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

My child has permission to participate in the Women's Sports Museum volunteer and program activities. He/she may be photographed or videotaped, and Women's Sports Museum may use his/her image for publicity purposes.

Women's Sports Museum board members and staff have my permission to contact my child via telephone, email, or text message as needed for the express purposes of communicating about Women's Sports Museums events and volunteering.

Parent/Guardian Name: \_\_\_\_\_

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

Sign in front of Notary Public

FORM MUST BE NOTARIZED BEFORE STUDENT CAN PARTICIPATE IN PROGRAM.

Please Complete and Return to:

Women's Sports Museum

PO Box 987, Sarasota FL 34230

info@womenssportsmuseum.org

For an oath or affirmation:

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Sworn to (or affirmed and subscribed before me) this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_ by (name of person taking statement)

(NOTARY SEAL)

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

Personally Known \_\_\_\_ OR Produced Identification \_\_\_\_

Type of Identification Produced: \_\_\_\_\_