



Date of Orientation: _____  VID: _____
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# IGFA Fishing Hall of Fame & Museum

## VOLUNTEER APPLICATION

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate \_\_\_\_\_ Email: \_\_\_\_\_

Telephone - Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Special Needs? Explain: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Student performing community service? If so, specify hours needed: \_\_\_\_\_ Grade: \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain: \_\_\_\_\_

Parent/Guardian signature **required** if under 18: "I verify that I am the parent/guardian of this individual and that the information above is correct." \_\_\_\_\_

Please check which volunteer area(s) interest you:

\_\_\_\_ **Museum or Admissions Assistant:** Interpret gallery exhibits and wetlands habitat, staff simulated fishing in Catch Gallery, answer and direct inquiries, help in Museum Store

\_\_\_\_ **Educational Program Assistant:** Assist education staff with school/youth program instruction

\_\_\_\_ **Administrative Office Assistant:** Data entry, compile/file data, answer phones, mailings, etc.

\_\_\_\_ **Special Events Host/Hostess:** Answering questions, interpreting the gallery exhibits and wetlands habitat, staffing the simulated fishing in Catch Gallery during special events

\_\_\_\_ **Library Assistant** Help operate our 12,000-volume library. Assist members and guest in the research of archived records, visuals, and information pertaining to aquatic and environmental studies

\_\_\_\_ **World Records Assistant:** Assist with World Records database, certify scales, test line samples

Please check times of typical availability:

Weekdays \_\_\_\_\_ Weekends \_\_\_\_\_ Mornings \_\_\_\_\_ Evenings \_\_\_\_\_ As Needed \_\_\_\_\_

Are there any day(s), time(s), month(s) you cannot be available? \_\_\_\_\_

May I contact you individually for last-minute or urgent volunteer opportunities? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about our volunteer program? \_\_\_\_\_

Please, tell us about your personal interests, skills, hobbies, special talents and abilities, etc. IGFA wants to get to know you!

**Thank you for your interest in volunteering at the IGFA Fishing Hall of Fame & Museum. Please return this application to the volunteer department.**

Volunteer Coordinator  
 Office: 954-924-4340, Fax: 954-924-4299  
 300 Gulf Stream Way, Dania Beach, FL 33004

**IGFA Fishing Hall of Fame & Museum  
Volunteer Commitment**

Being an IGFA volunteer is a position of significant importance to the Fishing Hall of Fame with associated rights, privileges and responsibly. Each volunteer is asked to agree to the minimum standards as outlined below that will assure that the new volunteers will fit well into the IGFA organization. These requirements are listed below:

1. I realize that by agreeing to be an IGFA Volunteer, I am making a commitment to a position that requires both responsibility and accountability. I agree to report for my assigned shifts on a punctual and consistent basis and to perform to the best of my abilities. I will notify my supervisor of any absences with as much lead time as possible and notify my supervisor and the volunteer office if I wish to terminate this commitment.
2. I authorize the IGFA personnel to use photographs or film taken of or by the undersigned during my volunteer duty for presentations and displays. Furthermore, I release and discharge IGFA from any claims to any product developed by the undersigned while volunteering.
3. I understand that my performance as an IGFA Volunteer is subject to review and evaluation by appropriate IGFA staff. I agree to such an evaluation and realize that unsatisfactory performance may result in change of assignment or termination to my participation in the IGFA volunteer program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

*This volunteer commitment form will be retained by the Volunteer Coordinator*



# IGFA Fishing Hall of Fame & Museum

## VOLUNTEER CONTRACT/RELEASE

I have read the IGFA Fishing Hall of Fame & Museum volunteer job description and understand the responsibilities of becoming an IGFA volunteer.

In consideration of my being accepted as a volunteer with the IGFA, I agree that the IGFA shall not be liable for the payment of any wages, salary or other employment benefits to me. I am volunteering my time in exchange for the opportunity to work at the Fishing Hall of Fame.

I agree that I shall be responsible for any injuries or damage incurred by me while performing volunteer services at the IGFA. The IGFA will, however, be responsible if I am injured and the injury is caused by the sole negligence of the IGFA or its employees.

I understand that the IGFA will hold me responsible for any damage to property of the IGFA or property belonging to third parties if the damage is caused by my negligent conduct. Likewise, I understand that the IGFA will hold me responsible for all injuries sustained by persons when the injury is caused by my negligent conduct. I understand and agree that I shall be expected to pay for damaged or injuries caused by my negligent conduct. I understand and agree that I shall be expected to pay for damages or injuries caused by my negligence.

I understand that I may be subject to a background test at any time and without cause, the results of which may affect my capacity to volunteer with the IGFA.

I understand that either I or the IGFA, without cause, may terminate this volunteer contract at any time by giving notice in writing. In such event, any programs and/or educational materials that I have developed will remain the property of the IGFA Fishing Hall of Fame & Museum.

\_\_\_\_\_  
Signature of volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signature of Parent or Guardian (if under 18)

\_\_\_\_\_  
Date

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Approved by: \_\_\_\_\_ Office use only Date: \_\_\_\_\_  
 Orientation Date: \_\_\_\_\_ Entered in Computer: \_\_\_\_\_  
 ID Documents Received: Student ID \_\_\_\_ DL \_\_\_\_ Other \_\_\_\_ Type: \_\_\_\_\_  
 SS Card \_\_\_\_\_