



17869 NW Pioneer Settlement Rd. • PO Box 215 • Blountstown, FL 32424

Email: ppsmuseum@yahoo.com • info@panhandlepioneer.org

www.panhandlepioneer.org

Workamper Application

*Contact Information

Name: _____

Street Address : _____

City, ST, ZIP Code: _____

Home Phone: _____

Cell Phone(s): _____

E-Mail Address: _____

Driver Licenses: _____ **SS#** _____

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***Availability: Month/Year-** _____ **to Month/Year-** _____

Hours of operation: Tuesday, Thursday, Friday, Saturday 10am – 2 pm (Other by Appointment)

_____ Mornings: General day to day task, rental, event, tours, general store, maintenance

_____ Afternoons: General day to day task, rental, event, tours, general store, maintenance

_____ Evenings: Some events/rentals require you to assist in the evenings

*Interests

Tell us in which areas you are interested in volunteering:

_____ Events: Setup/Clean up

_____ Events: Concession

_____ Events: Information table

_____ Events: Demonstrations

_____ Event promotional signs

_____ Tour Guide

_____ Tour Guide Assistance

_____ Special Events: group tours, rentals, school groups

_____ Photographer

_____ General Cleaning: office, restrooms, concession, store

_____ Garden Work

_____ Grounds Maintenance

_____ Building Maintenance

_____ Cabin cleaning inside

_____ Fundraising/Promotional

_____ Wherever needed

_____ Rental: Setup/Clean up

_____ Store Assistance

_____ Pioneer Class Instructor

_____ Sugar Cane Harvest

*Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports that would benefit the Settlement.

Previous Volunteer Experience and References

Summarize your previous volunteer experience:

***Person to Notify in Case of Emergency**

Name: _____

Street Address : _____

City ST ZIP Code: _____

***Agreement and Signature 1st Volunteer**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name(s) (printed): _____

Signature(s): _____

Date: _____

I understand that I/we will be on probation for the first 30 days and that I/we can be dismissed at any time and for any or no reason. This will be at the discretion of the Board of Directors. I/we also understand that should I/we be dismissed that I/we have 24 hours in which to vacate the premises, unless the founders should give me a longer period of time, in writing.

Signature: _____ Date: _____

Signature: _____ Date: _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.