



221 20th Street
Galveston, Texas 77550
Phone: (409)-762-0026

Volunteer Application

Here at the Galveston Seafarers Center, we encourage the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. All volunteers under the age of 18, he/she will have to have parental consent.

Thank you for your interest in our organization. (PLEASE PRINT CLEARLY)

NAME: _____ DOB _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE: _____ EMAIL: _____

EMPLOYER: _____ POSITION: _____

Any special talents or skills you have that you feel would benefit our organization?

INTERESTS: Please tell us in which areas you are interested in volunteering; some position requires background checks to be performed.

____ Administration

____ Donation Area

____ Drivers

____ Library

____ Ship Visiting

____ Media Area

____ Fundraising

____ Building Maintenance/Beautification

____ Events

Please indicate days available: Mon Tues Wed Thur Fri Sat Sun

Times available: From _____ to _____

Any Physical limitations? _____

Emergency Contact: Name _____ Phone _____

Wavier and Release of Liability

As a volunteer of the Galveston Seafarers Center, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibilities for any liabilities for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis.

MEDIA WAIVER AND RELEASE: I further agree that Galveston Seafarers Center, its employees and agents have the right to take photographs, videotape, or digital recordings of me. I further consent that my name, image and identity may be revealed and used for the benefit of Galveston Seafarers Center; I waive all rights, claims, and interest I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial or other compensation for any use of my name, image or identity.

CONFIDENTIALITY: By signing this application you are agreeing to keep confidential all information regarding Galveston Seafarers.

SIGNATURE OF VOLUNTEER

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE