

**Ah-Tah-Thi-Ki Museum and Tribal Historic Preservation Office  
Intern and Volunteer Questionnaire**

Name \_\_\_\_\_

Date \_\_\_\_\_

Are you interested in volunteering or interning? \_\_\_\_ Volunteering

\_\_\_\_ Interning

Have you interned or volunteered the Museum or THPO before?

Yes

No

If so, when? \_\_\_\_\_

In which division(s) or section(s) would you like to volunteer or intern?

\_\_\_\_\_

What is your availability and preferred number of hours?

\_\_\_\_\_

Do you have any educational, volunteering or other work experiences that relate to the work you may complete at the Museum or THPO?

Do you have any other relevant skills or hobbies that would relate to your work?

Do you have medical insurance coverage?

Yes

No

\_\_\_\_\_



## SEMINOLE TRIBE OF FLORIDA

HUMAN RESOURCES DEPARTMENT  
 6300 STIRLING ROAD • HOLLYWOOD FLORIDA 33024  
 TOLL FREE: 800-683-7800 X11136  
 LOCAL: 954-967-3403 • FAX: 954-967-3477  
 WEBSITE: WWW.SEMINOLETRIBE.COM

# VOLUNTEER APPLICATION

Please print all information and complete all fields even if a resume is provided.

<b>STOF Department / Volunteer Position Requested:</b>				Date: ____ / ____ / ____	
<b>Last Name:</b>		<b>First Name:</b>		<b>Middle Name:</b>	
<b>Maiden Name: (if applicable)</b>		<b>Preferred Name:</b>		<b>Social Security#:</b>	
<b>Current Street Address:</b>		<b>City/ State/ Zip:</b>		<b>How Long?</b>	
<b>Home Phone:</b>		<b>Personal Cell Phone:</b>			
<b>Personal Email Address:</b>		<b>Emergency Contact Full Name:</b>			
<b>Emergency Contact Home or Work Phone:</b>		<b>Emergency Contact Cell Phone:</b>			
<b>Please indicate below how you heard about this Volunteer Opportunity:</b>					
<input type="checkbox"/> Employee Referral (Please provide Name): _____			<input type="checkbox"/> Walk-in		
<input type="checkbox"/> Our Web or Other Site (Please specify site): _____			<input type="checkbox"/> Other (Details): _____		
Date Available to Report to Volunteer: ____ / ____ / ____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp/Seasonal					
Days/Hours of Availability: <input type="checkbox"/> Monday AM/PM____-____ <input type="checkbox"/> Tuesday AM/PM____-____ <input type="checkbox"/> Wednesday AM/PM____-____					
<input type="checkbox"/> Thursday AM/PM____-____ <input type="checkbox"/> Friday AM/PM____-____ <input type="checkbox"/> Weekends AM/PM____-____					
Are you a Member of the Seminole Tribe of Florida?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If not Seminole FL</i> , are you a registered member of another federally recognized Native American Tribe? <i>If Yes, please specify Tribe:</i> _____				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please check the appropriate box if you can speak either or both of the following Native languages:				<input type="checkbox"/> Creek	<input type="checkbox"/> Mikasuki
Are you 18 Years of age or older?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever <b>applied</b> for employment with the Seminole Tribe of Florida or one of its divisions?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If Yes</i> , Division/Location: _____			Approx Date: ____ / ____ / ____		
Have you ever been <b>employed</b> by the Seminole Tribe of Florida or one of its divisions?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If Yes</i> , Job Title/Location/Division: _____			Approx Date: ____ / ____ / ____		
Does the Seminole Tribe of Florida or one of its divisions presently employ any of your relatives?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If Yes</i> , Name of Relative(s) and Division(s): _____					

*Please print all information and complete all fields even if a resume is provided.*

Have you been convicted of a crime or violation, other than a minor traffic infraction, including a plea of nolo contendere, no contest, or adjudication withheld?	(Conviction will not necessarily disqualify an applicant from volunteering)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>If Yes</i> , please explain and provide Dates:					
Do you have any physical disabilities that would require special accommodations?	(Physical Disabilities will not disqualify an applicant from volunteering)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>If Yes</i> , please Describe:					

**EDUCATION/CURRENT EMPLOYMENT:**

Level:	School Name and State:	Major/Area of Study:	Diplomas/Degrees/Certifications:
High School:			
Tech/Vocational:			
College/Grad School:			
Please list current employer if applicable, as well as any professional/civic organizations that you are a member of (note any offices held):			

**REFERENCES - PLEASE LIST TWO INDIVIDUALS THAT YOU HAVE KNOWN FOR AT LEAST TWO YEARS (WHO ARE NOT RELATED TO YOU):**

Name:		Occupation/ Title:		Phone:	
Name:		Occupation/ Title:		Phone:	

**VOLUNTEER APPLICANT STATEMENT AND CONDITIONS**

A volunteer may be interviewed prior to being accepted. There is a screening process, and not all volunteer applicants are accepted. We reserve the right to place volunteers in the areas best suited to their skills and the needs of the Seminole Tribe of Florida.

Please read carefully before signing

By signing below, I (APPLICANT) certify, to the best of my knowledge, that all information given by me in this application, and in any other forms I complete during the application process, is true and correct. I understand that false or misleading statements made by me, or consequential omissions of any kind in the application process, are sufficient cause for not being accepted as a volunteer, or for being dismissed if I am already a volunteer at the point of discovery. I understand that any devices or property, intellectual or otherwise, developed during my volunteer relationship with the Tribe, are considered to be wholly owned by the Seminole Tribe of Florida. Further, the Seminole Tribe of Florida is entitled to all rights in ideas, inventions, and works of authorship, relating to its programs and businesses, that are made by a volunteer during the scope of engagement, and when using the resources of the Tribal government. I also agree to keep confidential all data of a sensitive nature, such as copyrights, patents, trade secrets, internal operational data, personally identifiable information, (i.e. student education records, financial information and medical records). I authorize the Seminole Tribe of Florida to investigate all of the information contained in this application. Any persons or organizations named are authorized to provide information regarding my education, employment, volunteer history, character, and qualifications, and they are hereby released from all liability for providing such information. Moreover, I understand that any consideration for volunteering is contingent upon reference checking, passing a drug screen and clearing the background investigation process.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PRINT NAME: \_\_\_\_\_