



Central Region Volunteer Form

Thank you for your interest in the Florida Public Archaeology Network! Please provide the following information so that we can determine what events and activities will best suit you.

Personal Information

Name _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Alt. Phone: () _____

E-mail: _____ Birthdate: ____/____/____ T-shirt size (optional): _____

Emergency Contact Information

Emergency Contact Name: _____ Relationship: _____

Phone: () _____ Alt. Phone: () _____

Availability:

Please check all days and times that you are typically available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (8am-noon)							
Afternoon (noon-5pm)							
Evening (5-9pm)							

Education/Occupation: _____

Other Relevant Experience: _____

Interests: Prehistoric ____ Historic ____ Cemetery ____ Maritime ____

Other _____



FLORIDA PUBLIC
ARCHAEOLOGY
NETWORK

Desired Volunteer Activities:

<input type="checkbox"/> Construction	<input type="checkbox"/> Lab	<input type="checkbox"/> Photography
<input type="checkbox"/> Field	<input type="checkbox"/> Lesson Planning	<input type="checkbox"/> Research
<input type="checkbox"/> Graphics	<input type="checkbox"/> Outreach/Info Table	<input type="checkbox"/> Workshops

Other _____

Is there any other information that you would like FPAN to know about you? _____

Volunteer Requirements: Participation in FPAN events requires dress and behavior appropriate for an outreach activity. This includes refraining from smoking and use of foul language. Volunteers should not wear tattered or revealing clothing.

I understand and will comply with FPAN's volunteer requirements.

Signed: _____ Date: _____