



MUSEUM OF FLORIDA ART

The Museum of Florida Art Student Volunteer Application

Name _____ Date of application: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Birthdate: _____ Age: _____

School/College/University _____ Grade/Semester _____

Emergency Contact: _____ Relationship: _____

Address: _____

Phone: _____ Cell: _____

Is this volunteer service in conjunction with a school related requirement? _____ Yes _____ No

If yes, explain: _____

Have you worked with children or youth before? _____ Yes _____ No

If yes, describe where and what you did: _____

Describe your experiences in art: _____

Describe a situation where you have been a leader: _____

How do you feel volunteering at the Museum of Florida Art will benefit you? _____

Please list any other volunteer experience: _____

I am interested in volunteering for (check all that apply):

- _____ Art Camps
- _____ Children's Art Classes
- _____ Office/Museum Help
- _____ Art Education Special Programs (i.e., art festivals, community events, outreach activities)

I _____, hereby agree to volunteer for the Museum of Florida Art to the best of my ability. I understand that I should notify the museum immediately if I am unable to work during the time I have selected. By signing below I agree to work during the dates and the hours scheduled.

Volunteer Signature _____

Date _____

Waiver

I hereby authorize (my child) to participate in activities sponsored by the Museum of Florida Art. In case of an accident requiring medical treatment, I authorize (my child) to receive such treatment as the attending personnel deem appropriate. I also agree not to hold the Museum of Florida Art, or persons acting on its behalf, responsible for injuries suffered by me (my child) during activities sponsored by the Museum of Florida Art.

In consideration of the Museum of Florida Art's acceptance of me (my child) as a volunteer, I hereby waive and release any and all rights and claims to damage against the Museum of Florida Art, Inc.

I grant full permission to the Museum of Florida Art to use any photographs or videos of my (child's) volunteer activities for promotional purposes.

I understand that the Museum administrators have the right to dismiss any volunteer for any serious misbehavior.

By signing this form, I acknowledge that I have read and understand the above policies. This agreement is a legally binding instrument when signed by registrant and accepted by the Museum of Florida Art.

Signature _____

Date _____

Note: must be signed by parent or guardian if student volunteer is under 18

Parent/Guardian Name _____

If student volunteer is under 18

If you have questions or need additional information contact:

Pam Coffman, Curator of Education (386) 734-4371 Coffman@MuseumofFloridaArt.org

**To learn about upcoming Student Volunteer opportunities go to
www.museumoffloridaart.org
Student Volunteer Program**

**Please complete the application and return to:
The Museum of Florida Art
600 N. Woodland Blvd. Deland, FL 32720**