



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 Art-DeLand 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 Art-DeLand 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 _____

Wavier

I hereby authorize (my child) to participate in activities sponsored by the Museum of Art-DeLand. 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 Art-DeLand, or persons acting on its behalf, responsible for injuries suffered by me (my child) during activities sponsored by the Museum of Art-DeLand.

In consideration of the Museum of Art-DeLand '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 Art-DeLand, Florida, Inc.

I grant full permission to the Museum of Art-DeLand 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 Art-DeLand.

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:
Martha Underriner, Curator of Education (386)734-4371 Underriner@MoArtDeLand.org**

Please complete the application and return to:

**Museum of Art – DeLand, Florida
600 N. Woodland Blvd., Deland, FL 32720**