



## 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:**  
**Pam Coffman, Curator of Education      (386)734-4371      Coffman@moartdeland.org**

**Please complete the application and return to:**

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