

Volunteer Application Form

Date _____

Name **(First, Middle Initial, Last)** _____

Address _____

Phone _____

Email Address _____

In case of emergency, who should we contact?

Name _____ Phone _____

What positions are you interested in (Check all that Apply)

Docent Educational Outreach Art Instructor Festivals and Events Museum Volunteer

Availability

	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10:00 AM – 1:00 PM						

1:00 PM – 4:00 PM

After Hour Events

Dates Unavailable 2017 _____

Education **(highest grade, degree, major, and school)**

We'd like to get to know you, your passions, and any special training you have!
(ex: artist, teaching grade levels, teaching arts, docent programs, first aid, ADDitions).

Are there any tasks you cannot do? (ex: lifting heavy objects or standing for long periods).

Have you ever pleaded No Contest to, or been convicted of, a First-Degree Misdemeanor or any Felony?

No Yes

Do you have a valid driver's license? No Yes. Indicate the State and Expiration Date



Please Provide Two Professional Recommendations

1. Name and Title _____

Phone _____ Email _____

2. Name and Title _____

Phone _____ Email _____

I understand that the City at times handles sensitive or confidential information. I agree to not disclose any information obtained by me while engaged in my volunteer duties unless specifically authorized in advance by a supervisor. I understand that my failure to comply with this paragraph will result in my removal from the volunteer program.

I hereby, indemnify and hold the City harmless for any injury to myself or my property while engaged in volunteer activities with the City. I agree that the City will not be responsible for any activities, liability, suits or damages which occur during or as a result of my volunteer status with the City, which occur outside the scope of the responsibilities and duties assigned me.

I hereby authorize the City of Orlando, its designee, or agent, to receive full and complete disclosure of all records relating to me.

The statements made by me in this application are true and complete to the best of my knowledge. I understand that any misstatements or material omission on this application will be considered sufficient cause to disqualify me for volunteer opportunities with the City of Orlando.

Applicant Signature _____ Date _____

(If Under 18) Guardian Signature _____ Date _____

We are grateful to our volunteers and could not achieve the goals of the museum without your time and help!

