



### APPLICATION FOR VOLUNTEER SERVICES

**Identification Information** (PLEASE PRINT LEGIBLY IN PEN)

Last Name <u>W</u>		First Name	M.I.	Please check one: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	
Address (Street)		(City)	(State)	(Zip)	
Telephone		Cell Phone	Date of Birth (Month/Day)		
Emergency Contact		Phone	Email		

**Interests - Please number in order of importance from 1 to 10**

- |  |  |
|--|--|
| <input type="checkbox"/> Docent<br>(facilitate guided tours, training + tuition required)  | <input type="checkbox"/> Information Desk<br>(volunteer liaison, greeting, clerical)         |
| <input type="checkbox"/> Membership<br>(computer, clerical)  | <input type="checkbox"/> Administrative Support Volunteer<br>(clerical, computer, filing)    |
| <input type="checkbox"/> Gallery Guardian<br>(assist guards, walk galleries, some events)  | <input type="checkbox"/> Gardens/Grounds<br>(outdoor, weeding)                               |
| <input type="checkbox"/> Curatorial<br>(Art History background and/or Graduate<br>Studies preferred, computer, clerical, filing) | <input type="checkbox"/> Museum Store<br>(sales, customer service, computer)                 |
| <input type="checkbox"/> Education/Family Programming<br>(family days, greeting, crafts, clerical)                               | <input type="checkbox"/> Admissions Desk<br>(sales, customer service, computer,<br>clerical) |

**Availability - check all that apply**

Hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10am-1pm	Morning							
1pm-4pm	Afternoon							
4pm-7pm	Evening							
Other								

Are you available year round? If not, indicate which months you are available to volunteer.

\_\_\_\_\_

Have you ever volunteered with us?  Yes  No. If yes, in what year? \_\_\_\_\_

Have you ever volunteered at a museum? If yes, which ones? \_\_\_\_\_

\_\_\_\_\_

Please indicate when you are available to start: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Education/Employment Information - check all that apply**

Education

- High School
- Some College
- Undergrad Degree
- Graduate Degree

Employment

- Student
- Employed
- Retired
- Unemployed

Are you volunteering for school community service? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of School \_\_\_\_\_ Hours needed \_\_\_\_\_

What volunteer and/or employment experience do you have? (Attach additional pages if necessary)

Please list special skills and/or training that would apply to your area of interest at the museum.

Are you fluent in any other languages? If so, please indicate which ones. \_\_\_\_\_

Are you currently a member of the Museum of Fine Arts? \_\_\_\_\_ Yes \_\_\_\_\_ No

How did you hear about the Museum of Fine Arts? \_\_\_\_\_

Have you ever pleaded nolo contendere (no contest) to or been convicted or found guilty (even if adjudication withheld) of a first degree misdemeanor or a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the dates: \_\_\_\_\_

Offense and Disposition (please explain fully) \_\_\_\_\_

As a volunteer, I agree to abide by all applicable rules and regulations of the Museum of Fine Arts and departmental guidelines and to fulfill the volunteer responsibilities as described in the Volunteer Handbook to the best of my ability. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that the Museum of Fine Arts may terminate this agreement at any time without prior notice.

**I AGREE TO ABIDE BY THE POLICIES ESTABLISHED BY THE MUSEUM OF FINE ARTS, ST. PETERSBURG, FLORIDA, INC.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail Completed application to:** Museum of Fine Arts, 255 Beach Drive NE, St. Petersburg, FL 33701 or fax to (727) 894-4638. [Click](#) to submit electronically.