

Please submit application to:
Vero Beach Museum of Art
Attention: SAC Volunteer
3001 Riverside Park Drive
Vero Beach, Florida 32963
education@vbmuseum.org



SUMMER ART CAMP
TEEN VOLUNTEER APPLICATION FORM
*All volunteers must be at least 14 years of age.

Today's date: _____

Name (*Please Print*): _____

Date of birth: _____ Gender or preferred pronoun: _____

Local address: _____ City/state/zip: _____

Your Email: _____

Phone: _____ May we text you info about your shifts? Yes ___ No ___

School: _____ Grade: _____

Why do you want to volunteer at the VBMA?

Have you ever worked with children before? If so, in what capacity?

What extra-curricular activities, sports, or other volunteer experience do you have?

Parent/Guardian Emergency contact name & relationship:

Phone: _____

Please check the weeks/times you are available to volunteer this summer:

	June 3-7	June 10-14	June 17-21	June 24-28	July 8-12	July 15-19	July 22-26	July 29-Aug. 2
AM								
PM								

*Parent/Guardian, if you would like the VBMA to email you information about teen volunteer opportunities throughout the year, please list your e-mail here:



Volunteer Agreement, Waiver and Liability Release

I certify that the information given in this volunteer application is true and correct and has been given voluntarily. I understand that this information may be disclosed to any party with legal interest, and I release Vero Beach Museum of Art from any liability whatsoever for supplying such information. Additionally, I understand that I will not be paid for my services as a volunteer.

Vero Beach Museum of Art is not responsible for any injury or accident that may occur during my participation as a volunteer in any activity or event. I understand by checking the "I agree" box below that I assume full responsibility for any injury or accident that may occur during my participation as a volunteer and I hereby release and hold harmless and covenant not to file suit against the Vero Beach Museum of Art, employees and any affiliated individuals ("releases") associated with my participation from any loss, liability or claims I may have arising out of my participation, including personal injury or damage suffered by me or others, whether caused by falls, contact with participants, conditions of the facility, negligence of the releases or otherwise. If I do not agree to these terms, I understand that I am not allowed to participate in the volunteer program.

_____ I have read, understand, and agree.

Volunteer signature

Date

Parent/guardian signature

Date

VERO BEACH MUSEUM OF ART

CODE OF ETHICS

Adopted by the Board of Trustees March 18, 1998

Revised October 2002

Revised December 2004

Rewritten September 2005

Approved by the Board of Trustees October 27, 2005

I have received a copy of the Vero Beach Museum of Art Code of Ethics.

By my signature I agree to uphold the Museum's ethics policy.

Signature: _____

Print Name: _____

Date: _____



Photo Release

Date: _____

I, the undersigned, grant permission to the Vero Beach Museum of Art to photograph me, record my voice, and/or film me and use the images, videos, and film for unlimited distribution, advertising, promotion, exhibition, or social media while fulfilling my duties as a volunteer at Summer Art Camp.

Signed,

Full name

Print full name



References

Please provide two references (non-relatives) who are previous or current teachers, coaches, or volunteer supervisor. At least one reference should have seen you interacting with children.

1. Name: _____ Years known: _____
Company/School: _____
Title: _____
Preferred contact number: _____
Email: _____
What is your relationship? _____

2. Name: _____ Years known: _____
Company/School: _____
Title: _____
Preferred contact number: _____
Email: _____
What is your relationship? _____



Prior Conduct

Have you ever been arrested, charged, or convicted by any law enforcement agency (for example federal, state, local or military) for violations of any ordinance, regulation, or law? This includes traffic violations, except speeding or parking tickets, unless excessive.

_____ Yes _____ No If yes, please explain: _____

Have you ever been disciplined, suspended, or expelled from a school for an act of violence, sexual offence, or possession of a weapon or drugs?

_____ Yes _____ No If yes, please explain: _____

Have you ever been disciplined, suspended, or terminated from a job for an act of violence, sexual offence, or possession of a weapon or drugs?

_____ Yes _____ No If yes, please explain: _____

It is Museum policy to inquire about prior conduct and convictions due to the sensitive nature and responsibility of working and volunteering with children. VBMA security will make inquiries through state and national databases regarding any past records or offenses. All staff, faculty, and volunteers must pass a Level 2 background screening to be able to work or volunteer at Summer Art Camp. This policy is in accordance with the Florida Department of Children and Family Services Summer Camp Requirements. You will be required to be fingerprinted for the Museum to make this complete background check. All inquiries will be made in a confidential, official manner. Please feel free to discuss this matter with the Director of Education before proceeding with the arrangements for volunteer service.

By signing this application, I give my permission to make these inquiries.

Signed,

Volunteer—sign full name

Date

Volunteer—print full name

Parent/guardian—sign full name

Date

Parent/guardian—print full name