

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

cbarber@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 (minimum of three weeks):

|    | June 6-10 | June 13-17 | June 20-24 | June 27-July1 | July 5-8 | July 11-15 | July 18-22 | July 25-29 |
|----|-----------|------------|------------|---------------|----------|------------|------------|------------|
| AM |           |            |            |               |          |            |            |            |
| PM |           |            |            |               |          |            |            |            |

(AM: 9:15 am - 12:30 pm and PM: 1:30 PM - 4:30 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



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