



VERO BEACH MUSEUM OF ART

SUMMER ART CAMP VOLUNTEER APPLICATION

Volunteers must be at least 14 years of age

BE SURE TO FILL OUT ALL FOUR PAGES

Name _____ Age _____ Birthdate ____/____/____

Gender and/or Preferred Pronouns _____

Local Address _____

City _____ State _____ Zip _____

Phone _____ Cell Home May we text you about your shifts? Yes No Email

Email _____ Parent/Guardian Email (if under 18) _____

School _____ Grade/Year _____

Do you have community service volunteer or service learning course requirements to fill? Yes No

If so, how many hours do you need? _____

Have you ever volunteered with the Vero Beach Museum of Art before? If so, what for?

Why do you want to volunteer with the Vero Beach Museum of Art?

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

What extracurricular activities, sports, or other volunteer experience do you have?

Check all time slots for which you would like to volunteer:

	Week 1 June 3-7	Week 2 June 10-14	Week 3 June 17-21 (no class July 19)	Week 4 Jun 24-28	Week 5 July 1-5 (no class July 4)	Week 6 July 8-12	Week 7 July 15-19	Week 8 July 22-26
8:30 am – 12:30 pm								
12:30 pm – 4:30 pm								

**Please plan to arrive at least 15 minutes early for any shift.*

***If you cannot participate for a time you signed up for, please call prior to that time to let the Camp Coordinator know of your absence.*



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Name _____

Summer Art Camp Teen Volunteer Role Survey – Summer Art Camp 2024

There are no right or wrong answers! This is just to help us place you in the best role for you!

Possible roles include:

- Check in and out - say hello, hand out info sheets, point people in the right direction
- Classroom Assistant – assist instructor, encourage children, refill and tidy supplies and room, etc.
- Lunchroom Assistant - help supervise lunch and play, engage in games, tidy room and tables
- Organizational Assistant – organize classrooms, closets, etc.
- Photographer - take photos of campers, staff, and activities
- Runner - run campers, supplies, and messages back and forth

Please rank your role preferences in the boxes above. 1 = most prefer, 5 = least prefer

Check each box for the skills that best describe you:

- | | |
|--|---|
| <input type="checkbox"/> I am creative | <input type="checkbox"/> I like things tidy |
| <input type="checkbox"/> I am analytical | <input type="checkbox"/> I like to organize |
| <input type="checkbox"/> I like to work with children | <input type="checkbox"/> I follow directions |
| <input type="checkbox"/> I do not like to work with children | <input type="checkbox"/> I like to pay attention to details |
| <input type="checkbox"/> I am outgoing | <input type="checkbox"/> I like to take pictures |
| <input type="checkbox"/> I am shy/quiet | <input type="checkbox"/> I finish what I start |
| <input type="checkbox"/> I like to build things | <input type="checkbox"/> I like to keep busy |
| <input type="checkbox"/> I like to help "behind the scenes" | <input type="checkbox"/> I am comfortable working by myself |
| <input type="checkbox"/> I like to help others learn | <input type="checkbox"/> I like to multi-task |
| <input type="checkbox"/> I am friendly | <input type="checkbox"/> I like to work on one task at a time |
| <input type="checkbox"/> I like to take photographs | <input type="checkbox"/> I speak multiple languages |



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Photo Release

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

Volunteer signature

Date

Volunteer print full name

Parent/Guardian signature - if volunteer is under 18

Date

Parent/Guardian print full name



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Emergency Contact

Name _____ Relationship _____

Phone _____ Email _____

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 - if volunteer is under 18 Date

Thank you for your interest in volunteering!
Volunteer opportunities for qualified applicants are available on an as-needed basis for each program.

Please return this form to:
Christina Barber, Museum Art School Manager
cbarber@vbmuseum.org

Vero Beach Museum of Art | 3001 Riverside Park Drive | Vero Beach, FL 32963-1807