



Vero Beach Museum of Art Volunteer Application Form

Date: _____

Name (Please Print): _____ E-mail: _____

Local address: _____ City/state/zip: _____

Second address: _____ City/state/zip: _____

Local phone: _____ Second Phone: _____

Volunteer & other experience: _____

Business/Professional Experience: _____

In Case of Emergency contact: _____ Telephone: _____

Referred by: _____

*Seasonal residents indicate months in Vero Beach: _____ to: _____

Check all activities for which you would like to volunteer:

- Adult Public Programs - Lectures and Humanities Programs; Film Studies; Film Library
- Art for Health's Sake - Working w/seniors, teens, and special needs adults, both on & off-site
- Concerts in the Park
- Mailings - Primarily Tues./Wed. @9:30 a.m.
- Museum Marketing - Assist with surveys; attend community events; marketing administration
- Museum Store – 1 shift/week required
- Youth & Family Programs -
 - Museum Studios (last Saturday/month)
 - Children's Art Festival (Apr.)
 - Holidays at the Museum (Dec.)

****All Friends are required to be members of the Museum, sign the Code of Ethics (on back →), and contribute a minimum of 10 volunteer hours annually. (In an effort to conserve paper, the Code of Ethics is available in hard copy format at the Front Desk in the Museum.)****

Applicant Signature: _____

Please submit application to:

Vero Beach Museum of Art
3001 Riverside Park Drive
Vero Beach, Florida 32963-1807
Attention: Development Coordinator
or email nmurdy@vbmuseum.org

<i>For office use only</i>	
<input type="checkbox"/>	Is a member of the Museum
<input type="checkbox"/>	Signed Code of Ethics (attached)



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: _____

Date: _____

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.

I have read, understand and agree

Volunteer signature

Date