

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	
\Box 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.	
\Box 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 (A	
Holidays at the Museum	(Dec.)

<u>**All Friends are required to be members of the Museum, sign the Code of Ethics (on back \rightarrow), 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.)**</u>

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

For office use only□ Is a member of the Museum□ Signed Code of Ethics (attached)



CODE OF ETHICS

Adopted by the Board of Trustees March 19, 1998 Revised October 2002 Revised December 2004 Rewritten September 2005 Approved by the Board of Trustees October 27, 2005 Revised June 2015, Approved by the Board of Trustees November 19, 2015 Revised August 2019 to include updated Mission Statement Revised November 2021 to include update Collection Management Policy Approved by the Board of Trustees March 24, 2022

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