VERO BEACH MUSEUM OF ART

2025 Holidays at the Museum: December 13, 2025

STUDENT VOLUNTEER APPLICATION

Volunteers must be at least 14 years of age

Name _____ Age _____ Birthdate _____/_____/_____

Address _____

City _____ State _____ Zip _____

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

Email _____

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?

_____

_____

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?

_____

_____

We have the following shifts available for volunteering at this year's Holidays at the Museum. Please select the shifts for which you would like to volunteer:

☐ Morning (9:30 AM - 12:30 PM) ☐ Afternoon (12:30 PM - 3:30 PM) ☐ All Day (9:30AM - 3:30 PM)

Submission of this application does not guarantee placement. All volunteers will be contacted to confirm their participation. If you cannot participate for a time you signed up for, please call prior to that time to let the museum know of your absence.

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PAGE 2

Emergency Contact

Name _____ Relationship _____

Phone _____

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:
Pamela Londono, Public Programs Manager
plondono@vbmuseum.org
Vero Beach Museum of Art | 3001 Riverside Park Drive | Vero Beach, FL 32963-1807