



(OFFICE USE ONLY) Date Received: \_\_\_\_\_

## APPLICATION FOR VOLUNTEER SERVICES

**PERSONAL INFORMATION:**

Applicant Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you over the age of 18?  Yes  No      Date of Birth: \_\_\_\_MM \_\_\_\_DD \_\_\_\_YYYY  
 If under 18, the signature of a parent/guardian is required:

\_\_\_\_\_  
Print Name Signature Date

Parent's signature giving approval for students to volunteer at The Museum of Fine Arts, St. Petersburg.

**VOLUNTEER AVAILABILITY:** Please Check All That Apply

Available to start: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Will you be available year-round?  Yes  No

Spring       Summer       Fall       Winter

| Hours    |           | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|----------|-----------|--------|---------|-----------|----------|--------|----------|--------|
| 10am-1pm | Morning   |        |         |           |          |        |          |        |
| 1pm-4pm  | Afternoon |        |         |           |          |        |          |        |
| 4pm-7pm  | Evening   |        |         |           |          |        |          |        |
| Other    |           |        |         |           |          |        |          |        |

Please note that while applications are accepted at all times, that does not necessarily mean that there are available positions. Your application will remain on file and you will be called for an interview if a position opens that matches your availability.

Have you ever volunteered with us?  Yes  No      If yes, in what year? \_\_\_\_\_

Are you volunteering for Stuart Society?  Yes  No

How did you hear about the Museum of Fine Arts? \_\_\_\_\_

Are you volunteering for school community service?  Yes  No

If yes: Name of School \_\_\_\_\_ Hours Needed \_\_\_\_\_

Please briefly summarize your reasons for wanting to volunteer at the Museum of Fine Arts:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Education and Employment History:** Briefly summarize your educational background and volunteer/employment experience.

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**Skills:** Please list any skills that apply (language, software proficiency, etc.)

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**INTERESTS:** Please number in order of importance (#1 being of highest interest):

Please see The Museum of Fine Arts Volunteer Handbook for more detailed position descriptions.

- \_\_\_\_\_ Docent
- \_\_\_\_\_ Education/ Family Programming (family days, greeting, crafts, clerical)
- \_\_\_\_\_ Membership
- \_\_\_\_\_ Special Events/ Community Outreach
- \_\_\_\_\_ Museum Store (sales, customer service, computer, clerical)
- \_\_\_\_\_ Curatorial (Art History background or Graduate Studies preferred, computer, clerical)
- \_\_\_\_\_ Visitor Services (sales, customer service, computer)
- \_\_\_\_\_ Administrative Support

**EMERGENCY CONTACTS:** Please provide us with names and phone numbers of two emergency contacts.

**Contact #1:**

First & Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**Contact #2:**

First & Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Have you ever been placed in a pre-trial intervention (PTI) or a related program, placed on probation, fined, had to provide restitution to a third party, pled nolo contendere (no contest) or had adjudication withheld by any judicial or quasi-judicial body for a felony or a misdemeanor (other than a minor traffic violation)?

\_\_\_ Yes \_\_\_ No

If yes, please explain.

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As a volunteer, I agree to abide by all applicable rules and regulations of the Museum of Fine Arts volunteer program.

I certify that the information given by me to the Museum of Fine Arts is true and complete to the best of my knowledge. I understand that if I give false information or omitted information, volunteering may be terminated whenever the falsification or omission is discovered.

I agree to make every effort to fulfill my appointments for volunteer service at the Museum of Fine Arts and will notify the appropriate staff in advance when I am unable to do so.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please mail or email the completed application along with a copy of your resume and references to:

**The Museum of Fine Arts**

255 Beach Drive NE

St. Petersburg, FL 33701

**Volunteer Office:** Tel: 727-896-2667 ext. 222 Fax: 727-894-4638 Email: [VolSignup@fine-arts.org](mailto:VolSignup@fine-arts.org)