



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.

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

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.

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