



# LAKE EUSTIS MUSEUM OF ART

## VOLUNTEER APPLICATION

### GENERAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-mail \_\_\_\_\_ May we e-mail you? Y N

Museum Member: Y N

In case of emergency, notify: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### INTERESTS & EDUCATION

How did you learn of the volunteer opportunities at the Lake Eustis Museum of Art?

\_\_\_\_\_

Profession or school if student: \_\_\_\_\_

Please describe your volunteer history:

\_\_\_\_\_

Why do you want to volunteer with us?

\_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

Special skills, talents or interests related to the art museum, education, office and events setting:

\_\_\_\_\_

AVAILABILITY

Are you available:  Full Time  Part Time  Temporary

# of Desired Weekly Hours: \_\_\_\_\_

Which do you prefer?  Mornings  Afternoons  Weekends  Evenings (Limited to special events)

What are your preferred days? (Check all that apply.)

Tues.  Wed.  Thurs.  Fri.  Sat.  Sun.  Mon.

TYPES OF VOLUNTEER WORK

Gallery:  Visitor Services/Greeter

Special Events:  Exhibition Openings  Other

Development/Marketing:  Bulk Mailings  Materials Distribution  Membership Team  
 Other

Education:  Museum School Assistant  Art Camp  Other

Building Maintenance:  Cleaning  Painting  Other

Cleaning  Painting  Other

Office/Computer Support:  Excel  Graphic Arts  Web Site and E-mail

Museum Shop  Volunteer Coordinator  Membership Coordinator

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APPLICANTS UNDER THE AGE OF 18 MUST add the following parental consent:

Parent or Guardian's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Applicant's Date of Birth: (mm/dd/yy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

My child has my permission to participate as a Lake Eustis Museum of Art volunteer or intern. I hold harmless and agree not to hold the Lake Eustis Museum of Art responsible for any accident or illness involving my child. The agreement shall be construed and regulated under and by the laws of the State of Florida.

\_\_\_ I Agree Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ADDITIONAL INFORMATION**

A criminal-history is required for acceptance as a volunteer. The Lake Eustis Museum of Art does not accept court-appointed volunteers.

Please certify and swear to the following: I have never been arrested, charged or convicted of a felony and have never been accused of perpetrating a violent or sexual crime against any person of any age:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please read the following and sign below:

As a Lake Eustis Museum of Art volunteer, I hold harmless and agree not to hold the Lake Eustis Museum of Art responsible for any accident or illness. The agreement shall be construed and regulated under and by the laws of the State of Florida.

\_\_\_ I Agree Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print the completed form and mail to:

Lake Eustis Museum of Art  
Attn: Volunteer Opportunities  
200 B East Orange Avenue  
Eustis, FL 32726