



Orlando Museum of Art

**VOLUNTEER APPLICATION**

[updated April 2009]

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

Preferred Salutation Miss / Ms / Mrs / Mr / Dr / None

Nickname \_\_\_\_\_ Male \_ Female

**OPTIONAL:**

Date of Birth \_\_/\_\_\_\_/\_\_\_\_ Age Category: \_\_ under 18 \_\_ 18-64 \_\_ 65+

Ethnicity: Are you Hispanic/Latino? \_\_\_ Yes \_\_\_ No

Race (circle one): Black/African American White Asian  
American Indian/Alaskan Native Native Hawaiian/Pacific Islander  
Other \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Volunteer opportunities are typically e-mailed. May we e-mail you? \_\_\_\_\_

E-mail address \_\_\_\_\_

Are you a member of Orlando Museum of Art? \_\_\_\_\_ Yes \_\_\_\_\_ No

Current Occupation or School if student \_\_\_\_\_

Volunteer History \_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

\_\_\_\_\_

What are your special strengths, talents or abilities? \_\_\_\_\_

\_\_\_\_\_

Are you bilingual? \_\_\_\_\_

Specify days and times you prefer to volunteer: \_\_\_\_\_

**PLEASE CHECK TYPE OF VOLUNTEER WORK YOU ARE INTERESTED IN:**

**SPECIAL EVENTS**

- Associates \*
- Festival of Trees (Nov. 2009)
- 1<sup>st</sup> Thursdays Volunteer
- Antiques Show & Sale (Feb. 2010)

**DEVELOPMENT/MARKETING**

- "Bulk Mailings" Team
- Clerical Assistant
- Membership Calling Team
- Poster/Rack Card Distribution
- Other \_\_\_\_\_

**EDUCATION**

- Docent \*\* (Next Training Sept. 2009)
- School Tour Captain
- Art Camp Assistant
- Youth & Family Special Events
- Clerical Assistant
- Arts The Spark Volunteer

\* OMA and Associates membership required for Associates  
\*\* OMA membership required for Docents

**MUSEUM SHOP**

- Customer Service Associate

**LIBRARY**

- Library Assistant

In case of emergency, notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

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

**ALL APPLICANTS UNDER THE AGE OF 18 MUST COMPLETE THE INFORMATION BELOW AND INCLUDE PARENT OR LEGAL GUARDIAN'S SIGNATURE.**

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone ((H) \_\_\_\_\_ (W) \_\_\_\_\_

*My child, \_\_\_\_\_, has my permission to participate as an Orlando Museum of Art volunteer. I hold harmless and agree not to hold Orlando 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.*

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

Accredited by the American Association of Museums, the Orlando Museum of Art is supported by earned income, the Council of 101, donations from individuals, corporations and foundations, and sponsored in part by United Arts of Central Florida with funds from the United Arts campaign, State of Florida, Department of State, Division of Cultural Affairs and the Florida Arts Council, and the National Endowment for the Arts.