



## Student Volunteer Application

Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street City State Zip

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_ When is the best time to reach you? \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Birthday: MM/DD/YEAR \_\_\_\_\_

Seeking Community Service Hours? \_\_\_\_\_ **Form of Transportation** \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION (required)

In an emergency notify \_\_\_\_\_ Relationship \_\_\_\_\_  
(Name)

Address (if different than above) \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Is this number:  Office  Home  Cell

### SKILLS: Please select the areas that are of interest to you:

- Computer/Graphics
- Communications/Social Media
- Curatorial/Exhibits
- Maintenance
- Youth Education/Art Camp
- Gallery Tour Guide
- Other \_\_\_\_\_

Languages; Art History; Public Speaking, Child Care, etc

**ART CAMP SESSION PREFERENCE:** # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

### AVAILABILITY: Please check the days and times when you are available:

SUN AM PM      MON AM PM      TUE AM PM      WED AM PM  
 THUR AM PM      FRI AM PM      SAT AM PM

I am available to help with evening and weekend programs or events:  yes  no

I am able to make a one-year volunteer commitment to the Association:  yes  no

How did you learn about the STAAA Volunteer Program? \_\_\_\_\_

RELEASE: I certify the information provided is true. I understand the rules of the St. Augustine Art Association volunteer program and agree to abide by them. I hereby discharge, release and hold harmless the St. Augustine Art Association, its employees, committees, directors, volunteers and sponsors of and from any and all manner of actions, suits, damage or claims whatsoever arising from any loss, damage, injury or claims to the person or property of the undersigned. I further agree to use my best judgment in undertaking these activities, to comply with all applicable federal regulations, laws and Florida Statutes and to adhere to all safety instructions and recommendations, oral or written.

Guardian/Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please return this form to the Director, St. Augustine Art Association, 22 Marine Street, St. Augustine, FL 32084.  
Thank you for sharing your time and talent with the St. Augustine Art Association!*