



Volunteer Application

829 Riverside Avenue
Jacksonville, FL 32204
(904) 356-6857
Fax: (904) 353-4101

www.cummer.org

Availability

- | | | |
|------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Monday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Evening | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> Weekend | <input type="checkbox"/> Thursday | |

Request

(Please check which position(s) you are interested in:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Ball & Auction | <input type="checkbox"/> Library | <input type="checkbox"/> Special Function |
| <input type="checkbox"/> Docent (tour guide) | <input type="checkbox"/> Membership | <input type="checkbox"/> Reception Desk |
| <input type="checkbox"/> Gardens | <input type="checkbox"/> Museum Store | |
| <input type="checkbox"/> Garden Week | <input type="checkbox"/> Office Aide | |

Volunteer Information/Interests/Training

What type of hobbies/interests do you have that would be helpful in your volunteer experience (ie, arts, crafts, working with youths, adults, seniors, docent/history, nature/gardening, working with people with disabilities, special events, etc.)?

List any course work, training, which may be applicable (ie. Computer training, first aid, etc.).

Yes No Is your volunteer work to be used towards credit or fulfillment of a school service learning?

List any memberships, affiliations & Clubs: _____

References

Name	Address & Phone	Business	Years Acquainted
1.			
2.			
3.			

Applicant Acknowledgement and Authorization
Please read carefully before signing

I (Applicant – print name) _____, hereby certify that all of the facts and information listed on this application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time once I have started my volunteer service may result in my dismissal.

I hereby authorize The Cummer Museum of Art & Gardens or an independent contractor to investigate all statements contained in this application, to interview the references, and to obtain a report from a consumer reporting agency to be used for volunteer purposes in accordance with the Fair Credit Reporting Act.

It is the policy of The Cummer Museum of Art & Gardens to afford equal opportunity to all employees, volunteers, interns and applicants for employment, volunteer and internship without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected by law.

Thank you for taking the time to fill out this application. Once received you will be contacted by the Volunteer Coordinator as soon as possible to schedule an interview and discuss available positions (all volunteer positions require a defined commitment of your time). We look forward to meeting you and appreciate the generous offer of your time and skill.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Name

Date