

The Mennello Museum of American Art  
900 E. Princeton Street  
Orlando Florida 32803  
Phone 407/246-4278 Fax 407/246-4329  
email: Nicole.parks@cityoforlando.net



## Volunteer Application Form

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

DOB \_\_\_\_\_

Driver's License # \_\_\_\_\_ Expiration date \_\_\_\_\_

List and explain other names you have used \_\_\_\_\_

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Have you ever worked for the City of Orlando? Yes  No

When and where? \_\_\_\_\_

### Present Employer

Name \_\_\_\_\_

Address \_\_\_\_\_

Duties \_\_\_\_\_

Employment dates \_\_\_\_\_

### Previous Employers:

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Company name

Address

Job duties

Employment dates

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Company name

Address

Job duties

Employment dates

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

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

Special interests, talents, abilities \_\_\_\_\_

Do you speak or write other languages? \_\_\_\_\_

Do you have physical limitations/restrictions which need accommodation?, please explain \_\_\_\_\_

In case of emergency, notify

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

Relationship to volunteer \_\_\_\_\_

Please give the names and phone numbers of two local references:

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

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

Please circle time and days preferred:

	M	T	W	TH	F	Sat	Sun
mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
afternoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you a member here? \_\_\_\_\_

Please indicate areas of interest(s):

front desk    gift shop    mailings    docent    art instructor    class assistant

I understand that the City at times handles sensitive or confidential information. I agree to not disclose any information obtained by me while engaged in my volunteer duties unless specifically authorized in advance by a supervisor. I understand that my failure to comply with this paragraph will result in my removal from the volunteer program.

I hereby indemnify and hold the City harmless for any injury to myself or my property while engaged in volunteer activities with the City. I agree that the City will not be responsible for any activities, liability, suits or damages which may occur during or as a result of my volunteer status with the City, which occur outside the scope of the responsibilities and duties assigned to me.

I hereby authorize the City of Orlando, its designee, or agent, to receive full and complete disclosure of all records relating to me.

The statements made by me in this application are true and complete to the best of my knowledge. I understand that any misstatements or material omission on this application will be considered sufficient cause to disqualify me for volunteer opportunities with the City of Orlando.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_