



WEST PALM BEACH, FLORIDA

VOLUNTEER APPLICATION

Contact Information

Name:	18 years or older: y / n
Address:	
City State Zip:	
Best Phone:	
Email:	
Website:	UTube:
Facebook:	
Instagram:	
LinkedIn:	
Employer:	
Occupation:	

Availability

How often would you like to volunteer? _____ Weekly _____ Monthly _____ Occasionally (X)

Please be specific:

- | | |
|--------------------------|--------------------------|
| _____ Seasonal | _____ Year Round |
| _____ Weekday mornings | _____ Weekend mornings |
| _____ Weekday afternoons | _____ Weekend afternoons |
| _____ Weekday evenings | _____ Weekend evenings |

Are you previously or currently an art student at the Armory Art Center? Y or N / Dept. _____

Interests

✓ Tell us in which are your areas of interest, check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Administration Assist | <input type="checkbox"/> Volunteer Assistant |
| <input type="checkbox"/> Events / Set up on campus | <input type="checkbox"/> Hospitality / Exhibits |
| <input type="checkbox"/> Outreach / Set up / take down | <input type="checkbox"/> Eco Squad (Clean up) |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Children's activities |
| <input type="checkbox"/> Deliveries / Pick up / Courier | <input type="checkbox"/> Operations Assist / Building Maintain |
| <input type="checkbox"/> Phone bank | <input type="checkbox"/> Gallery Assist / Retail |
| <input type="checkbox"/> Newsletter / Photography | <input type="checkbox"/> Marketing, Social Media, Website Assist |
| <input type="checkbox"/> Membership / Recruit / Students | <input type="checkbox"/> Development / Corporate Sponsors, |
| <input type="checkbox"/> Artists / Educators Recruit | <input type="checkbox"/> Contacts / Benefactors |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. Do you have any physical limitations? Are you an artist or teacher? Feel free to utilize the back if more space is needed.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Are you in need of volunteer hours for school? Y or N How many? _____

Are you in need of volunteer hours for community service? Y or N How many? _____

Are you in need of a required School Internship? Y or N / Course of Study? _____

How you ever been convicted, plead no contest, plead guilty to a felony or misdemeanor? Y or N

Please explain: _____

Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip	
Best Phone	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. We are certain you understand the need for this extensive application in this day and age, it's for the safety of our students, faculty, staff and you.

Background Investigation

I understand that a background investigation may be conducted and is not limited to, a criminal background check to the files of any Federal, State, or Local justice agency, driving history, any limiting medical conditions, drug screening and reference verification. I authorize Armory Art Center and associated entities to conduct the background investigation and release the Armory Art Center from responsibility for this investigation. I understand the requested information is for the sole purpose of gathering accurate and helpful information for Volunteer services at the Armory Art Center.

Application Information

I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal later. If selected as a volunteer, I agree to comply with the rules and regulations of the Armory Art Center. I also understand that smoking is prohibited on Armory Art Center property.

Confidentiality

I understand that as a volunteer, I may become privy to confidential information about the Armory Art Center. I agree to maintain the confidentiality of any information marked "confidential" as well as, any information about the Armory's business operations, organizational structure, employee information, financial operations, marketing strategy, organization, donor lists, and amounts, plans for upcoming events, current or proposed business transactions and sponsorships, and any proprietary information such as computer software and programming and the like that is not otherwise publicly disclosed. I will not use any confidential information in any manner that would be detrimental to the Armory.

At all times during my volunteer work with the Armory I will conduct myself in such a manner as not to reflect unfavorably on or in any way diminish the reputation of the Armory Art Center.

References

I understand that the Armory Art Center requires information from me to evaluate my qualifications for volunteer service. I authorize and release personal references, employers past and / or present, and if necessary, other applicable entities to answer questions in regards to volunteer work, employment, ability, character, medical and emotional background and if applicable driving history if needed.

Thank you for your interest in volunteering with the Armory Art Center. We appreciate your offer to share your time and talents with us. We will contact you for a personal interview once we have received your completed application. Please return completed application via drop off, email or mail to:

The Armory Art Center
811 Park Place
West Palm Beach, FL 33401
561.832.0191
registrar@armoryart.org

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (Printed): _____

Signature: _____ **Date:** _____

Parent's or Guardian's
Signature: _____ **Date:** _____

(If Applicant is under 18)