



# STAAA VOLUNTEER & DOCENT APPLICATION

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

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

Primary Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_ Best time to reach you? \_\_\_\_\_

Occupation \_\_\_\_\_ Birthday (optional): Month \_\_\_\_\_ Day \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION (required)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Primary Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### AREAS TO VOLUNTEER

Docent (Tue-Sat 12-4pm, Sun 2-5pm - greet visitors, staff the gallery and conduct guided tours)

Please select the areas that are of interest to you:

Clerical/Computer  Curatorial/Exhibits  Installation/Receiving  Grounds

Education  Fundraising  Hospitality

Other \_\_\_\_\_

### OTHER SKILLS

Languages (including ASL): \_\_\_\_\_

Special training, or experience (art history, teaching, public speaking, computer skills, writing, etc.)

### AVAILABILITY

Please check the days & times when you're available (**Docents: Tue-Sun PM**):

SUN  am  pm MON  am  pm TUE  am  pm WED  am  pm

THU  am  pm FRI  am  pm SAT  am  pm  First Friday Art Walk

I prefer to serve as a Docent Substitute on the days/times above

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? \_\_\_\_\_

### EMPLOYMENT AND VOLUNTEER HISTORY

List your recent work or volunteer experiences and give brief descriptions of your duties.

(If you prefer, you may attach your most recent resume.)

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## SPECIAL TRAINING/SKILLS

List any special course work, training, or experience which may be applicable to the volunteer position for which you are applying (for example: art history, teaching, public speaking, computer skills, writing, editing, retail sales, fundraising, etc.)

## EDUCATION & SKILLS

Highest Level of Education Attained:  Professional School or Doctoral Level Degree

Graduate Degree       4-yr College Degree       Some College

2-yr College or Tech School    Other Postsecondary    High School Diploma or GED

## MEMBERSHIPS, AFFILIATIONS & CLUBS (Please list)

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**REFERENCES:** Please provide two personal or professional references.

1) \_\_\_\_\_  
Name Address

Home Phone Work Phone Relationship

2) \_\_\_\_\_  
Name Address

Home Phone Work Phone Relationship

*I certify that the information on this application is true and correct to the best of my knowledge and is made in good faith. Any false statements made by me may be used as a rejection of this application.*

*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.*

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

Thank you for taking the time to fill out this application. Once this has been reviewed, a representative from STAAA will contact you. Please note that all volunteer positions require a defined commitment of your time. We look forward to having you as part of our Volunteer Corps and appreciate the generous offer of your time and skills.

Mail or fax this form to: St Augustine Art Association, 22 Marine St., St. Augustine, FL 32084  
Fax: 904.824.0716 • PHONE: 904.824.2310 • EMAIL: [info@staaa.org](mailto:info@staaa.org)

Thank you for sharing your time and talent with the St. Augustine Art Association!