



One East Las Olas Blvd. Fort Lauderdale, FL 33301

Last Name: First		First Name:		Midd	Middle Name:		Suffix (if any):		Prefer	Preferred First Name:	
Current Address:			City:			State	:	Zip Code:		Country:	
rimary Contact Phon I Home I Cell	e:	Other Ho		none:		-	Email A	ddress:		1	
irth Date:	Birth City and	and State Gender:			1	Are you currently a student □No □Yes If yes, where?					
re you currently empl	oyed? □No □Yes				I						
All volunteers must l	be 16 yrs. or older	and a	re required	to be f	ingerprinted	by NS	U Prio	r to being ac	cepted	into the Volur	
rogram (scheduled l	by the Volunteer C	oordii	nator)*								
MEDCENCY	INFORMATI	ON									
	1			Firet N	ama·		Phor	ne Number with	Area Co	ode:	
				First Na	ame:		Phor	ne Number with	ı Area Co	ode:	
pouse 🛘 Parent 🗘 Oth	er □ Last Name:		vsician's Na				Phor	ne Number with	ı Area Co	ode:	
Spouse ☐ Parent ☐ Oth	er □ Last Name:		ysician's Na		ame: one Number:		Phor	ne Number with	ı Area Co	ode:	
EMERGENCY Spouse Parent Oth Emergency Contact's	er □ Last Name:		ysician's Na				Phor	ne Number with	ı Area Co	ode:	
Spouse ☐ Parent ☐ Oth	er □ Last Name:		ysician's Na				Phor	ne Number with	Area Co	ode:	
Spouse □ Parent □ Oth	er □ Last Name:	: Phy		ame /Pho	one Number:		Phor	ne Number with	ı Area Co	ode:	
Emergency Contact's	Relationship to you	: Phy	EXPERII	eme /Pho	one Number:						
Emergency Contact's	Relationship to you	: Phy	EXPERII	eme /Pho	one Number:	ganiza				ode: f yes, please	
Emergency Contact's AFFILIATION I 1. Do you have complete bel	Relationship to you	: Phy	EXPERII	ame /Pho	one Number:	ganiza					
Emergency Contact's FFILIATION I 1. Do you have complete bel a. Name o	Relationship to you NFORMATIO	Phy	EXPERII	ame /Pho	one Number:	ganiza	ition?		Yes If	f yes, please	
Emergency Contact's AFFILIATION 1. Do you have complete bel a. Name o b. Indicate	Relationship to you NFORMATIO e volunteer experier ow: f organization:	Phy N/E nce at l	NSU Art Mu	ame /Pho	one Number:	ganiza	ition?	□ No □ `	Yes If	f yes, please	

EDUCATION AND TRAINING					
Relevant Education (I sophomore):	f a student, indicate academic affiliation and	d grade status (for example, high	school senior, college		
Volunteer Interests (Ple	ease Check)				
☐ Gallery Assistance	□Museum Store & Café □Art Academy	□Special Events – i.e. Exhibition O	penings, Family Days		
☐ Specify Other					
Please list any foreign	language skills:				
Computer Skills –Pleas	se indicate your level for the program listed belo	ow			
MS Word:	□Beginner □Intermediate □Proficient				
MS Excel :	□Beginner □Intermediate □Proficient				
MS PowerPoint	t □Beginner □Intermediate □Proficient				
Adobe Photoshop	□Beginner □Intermediate □Proficient				
AVAILABILITY	1		1		
	teer at the following times:				
□Weekdays □ Evenir	ngs (Thursdays – 8:00 p.m.) 🗖 Weekends				
Please specify hours &	& days available:				
Are there specific date	es that you are not available?				
When can you begin v	olunteering?				
As a volunteer of the N	NSU Art Museum, I will:				
& courtesy. Consider	nsible and will contact a staff member if I ca r all information, read or heard, to be highly Museum staff member. Uphold the operatin	confidential. Take any problems	or criticisms to the		
REFERENCES					
Name:	Relationship:	Email Address:	Phone Number:		

Tobacco Policy Agreement

I understand that Nova Southeastern University (NSU) is a tobacco-free university and I agree to abide by the guidelines of NSU's tobacco-free policy.

SCHOOL PROGRAM (For High School Students ONLY)

Will this volunteer activity serve to fulfill the requirements of an approved school program? □ No □ Yes					
If yes the signature of a school official/counselor is required:					
(Print Name)	(Signature)				
(School)	(Title)	(Date)			

SIGNATURES

I certify that all statements in this application are true. I also a and procedures of NSU regulating my volunteer service.	gree that if I am accepted as a volu	ınteer, I will abide by all policies
(Volunteer Print Name)	(Signature)	(Date)
(Parent Print Name-required if volunteer is under 18 years of age)	(Signature)	(Date)
(Volunteer Coordinator Print Name &Title)	(Signature)	(Date)