



VOLUNTEER APPLICATION

Updated: April 2021

OMA USE ONLY

Intern

Department _____ Date Processed _____

Supervisor _____ OMA Volunteer Email List

Start Date _____ RE Volunteer Profile

End Date _____ Confirmation Email Sent

Name: Last _____ First _____ M.I. _____

Preferred Salutation: Miss / Ms / Mrs / Mr / Dr / None / Other _____

Nickname _____ Male _____ Female _____ Genderqueer / Non-Binary _____ Prefer not to say _____

OPTIONAL

Date of Birth ____/____/____ Age Category: ____ under 18 ____ 18-64 ____ 65+ Pronouns _____

Ethnicity: Are you Hispanic/Latino? ____ Yes ____ No

Race (select one): ____ Black/African American ____ White ____ Asian

____ American Indian/Alaskan Native ____ Native Hawaiian/Pacific Islander

Other: _____

Address _____

City _____ Zip Code _____

Phone (home) _____ (cell) _____

Volunteer opportunities are typically emailed. May we email you? ____ Yes ____ No

Email Address _____

Are you a member of the Orlando Museum of Art? ____ Yes ____ No

Current Occupation or School if student _____

(Select one) ____ undergraduate ____ graduate Are you bilingual? _____

Volunteer History _____

Why do you want to volunteer? _____

What are your special strengths, talents or abilities? _____

Specific days and times you prefer to volunteer _____

PLEASE CHECK TYPE OF VOLUNTEER WORK YOU ARE INTERESTED IN:

SPECIAL EVENTS

- Associates*
- Festival of Trees (Mid-November)
- Reception Check In/Greeters
- 1st Thursdays
- Art in Bloom (Late March)

DEVELOPMENT / MARKETING

- "Bulk Mailings" Team
- Marketing/Advertising
- Office Support

EDUCATION

- Office Support
- Camp Studio Assistant (Winter, Spring, and Summer)
- Youth & Family Special Events

MUSEUM SHOP

- Customer Service Associate

INTERN

[Department] _____

**Museum and Associate Membership required for Associates*

In case of emergency, notify:

Name _____

Phone _____

Relationship _____

Volunteer Signature _____

Date _____

ALL APPLICANTS UNDER THE AGE OF 18* MUST COMPLETE THE INFORMATION BELOW AND INCLUDE PARENT OR LEGAL GUARDIAN'S SIGNATURE.

Minimum age to volunteer is 16

Parent/Guardian Name(s) _____

Address _____

Phone (home) _____ (work) _____

My child, _____, has my permission to participate as an Orlando Museum of Art volunteer. I hold harmless and agree not to hold Orlando Museum of Art responsible for any accident or illness involving my child. The agreement shall be construed and regulated under and by the laws of the State of Florida.

Signature _____

Date _____

VOLUNTEER CODE OF ETHICS



General Responsibility

Orlando Museum of Art's volunteers serve the public interest as that interest relates to the OMA. Volunteers consider themselves accountable to the public as well as to the OMA. Each volunteer understands and respects the documents that establish and govern the OMA and acknowledge that his/her own time and attention must be devoted to the affairs of the OMA in order to properly discharge responsibilities to the public and to the OMA. Access to the OMA and its operations is a privilege. The lack of material compensation for efforts on behalf of the OMA in no way frees the volunteer from adherence to the standards that apply to OMA staff. The volunteer must not work for personal gain, other than fulfillment of school or other required volunteer participation; but, instead must work for the gratification and enrichment inherent in OMA participation. Should the performance or behavior of a volunteer in any fashion be deemed unacceptable, it is the prerogative of the OMA to request that the volunteer relinquish his/her volunteer status. A volunteer must hold all matters of program function and administration confidential. Volunteers who have access to the OMA's collections, research, staff activities or associated information must respect the confidentiality of their assignments, as well as the significance and integrity of the collections.

Conflict of Interest

Although the OMA may accord special privileges, volunteers shall not accept gifts, favors, loans, other dispensation, or things of value that are offered to them from other parties in connection with carrying out volunteer assignments for the OMA, unless presented by the OMA.

Volunteers should not compete with the OMA for art objects, take personal advantage of information available because of his/her volunteer status or acquire objects from the OMA unless items are offered in the public marketplace.

Volunteers should not use the OMA's property for anything other than use that is authorized by the OMA. Volunteers may not use the OMA's mailing equipment or supplies for personal use.

Volunteers may not remove an article from the OMA's permanent collection for use in a private manner in his/her home or elsewhere for personal enjoyment, decoration or prestige, etc.

Volunteers may not represent the OMA as taking a side or position with respect to an issue or cause unless the OMA's Board of Trustees has previously adopted that position.

Should a conflict develop between the needs and desires of the volunteer and those of the OMA, the OMA will prevail.

VOLUNTEER AGREEMENT



A Volunteer Agrees To:

- Consider volunteer work a serious professional commitment and view the position as valid and important.
- Represent the OMA in an appropriate and responsible manner at all times.
- Be aware of and abide by the OMA's Volunteer Code of Ethics.
- Attend orientation and training sessions as scheduled and undertake continuing education when provided to maintain and enhance competence in assigned tasks.
- Act as a member of the OMA team when working with other volunteers and the OMA staff.
- Follow the position description and accept supervision.
- Be prompt and reliable in reporting for work and follow through on all commitments.
- Notify the appropriate staff member or the Volunteer Department as soon as possible if unable to work scheduled shift(s) due to illness or an unexpected reason 407.896.4231 x292.
- Be consistent about signing in and out to maintain accurate hours.
- Dress in an appropriate manner for the position assigned.
- Communicate with the Volunteer Department or appropriate OMA staff to resolve any problems.
- Immediately report all injuries or illnesses, no matter how minor, to your supervisor. In case of injury or seizure, call Security. Do not move the patient but clear the area of spectators and materials that may injure the patient. In all situations, avoid contact with blood, vomit and body fluids.
- Hold harmless and agrees not to hold Orlando Museum of Art responsible for any accident or illness.
- Provide the Volunteer Department with adequate notice before terminating his/her position.
- That they have no felony or misdemeanor convictions on their record.
- The OMA is implementing new health and safety guidelines such as a mask requirement, increased sanitation procedures and enforcing social distancing to ensure the well-being of its visitors. However, enrolling in the volunteer program could increase the risk of the volunteer becoming infected with COVID-19. The volunteer understands the risks associated with enrolling in the volunteer program and agrees to assume the risks to themselves and their households. The volunteer also agrees to abide by the safety guidelines set by OMA. If the volunteer shows symptoms of COVID-19 such as a temperature of 100.4°F or higher, cough, shortness of breath or difficulty breathing, chills, muscle pain, sore throat, or new loss of taste or smell, they must notify OMA as soon as possible, and local health officials and staff will immediately be notified while maintaining confidentiality as required by the Americans with Disabilities Act (ADA) and other applicable federal and state privacy laws.

I, _____ (print), have read and will abide by the Orlando Museum of Art's Volunteering Code of Ethics. The agreement shall be construed and regulated under and by the laws of the State of Florida.

Sign _____ Date _____

THANK YOU FOR VOLUNTEERING AT THE ORLANDO MUSEUM OF ART!

Accredited by the American Alliance of Museums (AAM), the Orlando Museum of Art (OMA) is a regional asset, member organization of the Association of Art Museum Directors (AAMD), Blue Star Museum, and a catalyst for life-long learning in service to the central Florida community and visitors from around the globe. Funding for the Orlando Museum of Art is generated through earned income, with generous financial contributions from the Board of Trustees, the Museum's Ambassadors, Council of 101, the City of Orlando, Orange County Government through the Arts & Cultural Affairs Program, Sponsored in part by the State of Florida, Department of State, Division of Cultural Affairs and the Florida Council on Arts and Culture, the National Endowment for the Arts, the Clive Foundation, A. Friends' Foundation, Bank of America, the Warren and Augusta Hume Foundation, Rita and Jeffrey Adler Foundation, Walt Disney World Company, the Chesley G. Magruder Foundation, United Arts of Central Florida with funds from the United Arts Campaign, Celebrity Cruises, UCF Foundation, Advent Health, ABC Fine Wine & Spirits, Walker & Company, Inc., CNL Charitable Foundation, Hunter Vision, PNC Foundation, Sam Flax Art & Design Supplies, Truist Foundation, Publix Super Markets Charities, Dixon Ticonderoga Company, anonymous donors, members, corporations and foundations.

VOLUNTEER ADDENDUM

Updated: August 2020



The following has been added to the original Volunteer Form you signed previously:

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However, enrolling in the volunteer program could increase the risk of the volunteer becoming infected with COVID-19. The volunteer understands the risks associated with enrolling in the volunteer program and agrees to assume the risks to themselves and their households.

If the volunteer shows symptoms of COVID-19 such as a temperature of 100.4°F or higher, cough, shortness of breath or difficulty breathing, chills, muscle pain, sore throat, or new loss of taste or smell, they must notify OMA as soon as possible, and local health officials and staff will immediately be notified while maintaining confidentiality as required by the Americans with Disabilities Act (ADA) and other applicable federal and state privacy laws.

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