



## VOLUNTEER APPLICATION

The following pages are to be submitted to the Volunteer Coordinator.

**Attn: Volunteer Coordinator**

Email to [shannon.cullen@unf.edu](mailto:shannon.cullen@unf.edu)

Fax to 366-6901 or Mail to 333 N. Laura St., Jax. FL 32202

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIMARY #: \_\_\_\_\_ ALT#: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Are you under the age of 18?  Yes  No

Are you a member of MOCA?  Yes  No

How did you hear about volunteering at MOCA?

Friend Who? \_\_\_\_\_

Website Where? \_\_\_\_\_

Other \_\_\_\_\_



**TELL US ABOUT YOURSELF**

Please explain your education (High School, College):

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What involvement, exposure, or experience do you have with art?

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Have you ever been a volunteer before? YES      NO

*If so, where?*

Company/Organization: \_\_\_\_\_

Duties: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Duties: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Duties: \_\_\_\_\_

Why do you want to become a MOCA volunteer and what are your expectations?

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Please give the name and phone number of two references:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

The security and safety of the MOCA staff, visitors, volunteers, and resources are of the highest priority. Therefore, the Museum may conduct reference checks and criminal background checks on its volunteers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date