



MUSEUM OF FLORIDA ART

Adult Volunteer Application

**Thank you for your interest in joining the volunteer community at the Museum of Florida Art!
Please follow these instructions to ensure a timely response.**

1. Please complete all requested information.
2. Please print clearly using blue or black ink or type your responses.
3. Applications may be delivered, mailed or e-mailed to: Museum of Florida Art, 600 N. Woodland Blvd., DeLand, FL 32720, Attn: Pam Coffman, Curator of Education
Coffman@MuseumofFloridaArt.org

Personal Information

Name: Mr. Ms. Mrs. Miss. _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Pager/Cell Phone: _____

E-Mail Address: _____

Retired Working Student Interested in Community Service Not working

I am currently a member of the Museum: Yes No

Education Information

High School: _____ Date of Graduation: _____

Undergraduate School: _____

Degree: _____ Major: _____ Date of Graduation: _____

Graduate School: _____

Degree: _____ Major: _____ Date of Graduation: _____

Post Graduate School: _____

Degree: _____ Major: _____ Date of Graduation: _____

Other: _____

Employment Information

If retired or not employed, please list your last place of employment

Student Employed Not Employed Not Employed at this time Retired

Employer: _____

Department: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

