

### SECTION ONE: TO BE COMPLETED BY VOLUNTEER APPLICANT

Volunteer Name (PLEASE PRINT): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

I understand that the volunteer work in which I am engaged may be physically or emotionally demanding. I affirm that my health is good, and that I am not under the care of a physician for any undisclosed condition that might endanger my own health or the health of staff and other volunteers. I recognize the inherent risk of physical injury that could result from these activities.

Will you be taking any type of medication during your volunteer activities? YES  NO

If YES, please list all medications: \_\_\_\_\_

Do you have any physical limitations or medical conditions that should be brought to the attention of anyone administering emergency medical treatment? YES  NO

If YES, please list: \_\_\_\_\_

**I have read and fully understand this release and hereto sign my name.**

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION TWO: TO BE COMPLETED BY PARENT/GUARDIAN

As the parent/guardian of \_\_\_\_\_, I grant my permission for him/her to participate as an unpaid volunteer for The John and Mable Ringling Museum of Art and Florida State University.

**Medical Care:** I grant permission for emergency medical care providers to administer treatment of an emergency until I am notified. I release, discharge and hold harmless The Ringling and Florida State University from any liability for injuries resulting from participation in this volunteer experience.

**Fingerprints and Background Checks:** I respectfully authorize you to conduct any required background checks or take the fingerprints of him/her and gather all necessary information, which may include his/her work record (including evaluations), school record (including educational disciplinary records), military records, credit records, civil and criminal litigation records, records maintained by any organizations he/she lists belonging to as a member and any medical and physical and mental records or reports (including all information of a confidential or privileged nature), and Photostats of same if requested.

This information is to be used to assist The Ringling and Florida State University in determining his/her qualifications and fitness for the position that he/she is seeking. I hereby release you, your organization or others from any liability of damage, which may result from furnishing the information requested in this document.

Parent/Guardian Name (PLEASE PRINT): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**SECTION THREE: AFFADAVIT**

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Before me personally appeared the said \_\_\_\_\_ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore, Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public Signature: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

**All volunteer applicants of The John and Mable Ringling Museum of Art must be at least 16 years old. Applicants under age 18 must provide proof of age and return a signed and notarized Parent/Guardian Authorization Form along with their Volunteer Application.**

**Return completed form along with the Volunteer Application to:**

The John and Mable Ringling Museum of Art  
Attn: Volunteer Services  
5401 Bay Shore Road, Sarasota, FL 34243

Volunteer Office: 941-359-5700, x. 1-3502 – Fax: 941-360-7325 – E-mail: [volunteers@ringling.org](mailto:volunteers@ringling.org)