



Polk Museum of Art

MORE THAN AN ART MUSEUM

Intern Application

Name _____ Date _____

Address _____

City/State/Zip _____

Phone # _____

E-mail Address _____

EDUCATION:

Are you volunteering to satisfy a community service/internship requirement? Yes No

If yes, please indicate the program: _____

School _____ Grade _____

Degree _____

INTERESTS:

Why do you want to volunteer at the Polk Museum of Art?

List personal interests or hobbies:

List any strengths you may have that would benefit the Museum:

Please list time and dates available to volunteer:

Volunteer Agreement: I understand that I am applying for a position as an unpaid volunteer staff member at Polk Museum of Art. As such, I agree to follow all guidelines and policies set forth and will, to the best of my ability, uphold the high standards and the mission of Polk Museum of Art. In addition, I consent to allow Polk Museum of Art to seek emergency medical attention while I am working at my volunteer assignment, in the event that I am unable to give my consent. I authorize background checks and investigation of all information contained in this form to become a volunteer as may be necessary in qualifying me to represent Polk Museum of Art.

Signature of Volunteer

Date

Parental Consent (if volunteer is under 18 years of age): I have read and understand this form and I give my child permission to volunteer at Polk Museum of Art. I accept fully the responsibility for my child's participation in the program. Additionally, I give permission for Polk Museum of Art to seek emergency medical attention in the event I am unable to give consent for my child.

Signature of Parent/Guardian

Date

Mail form to: Polk Museum of Art
Attn: Education Department
800 E. Palmetto St.
Lakeland, FL 33801

If you have any questions contact Leticia Miller, Curator of Education.
863-688-7743 ext. 230
LMiller@PolkMuseumofArt.org