



## Harn MUSE Program Application

Please return via mail or in person to: Harn Museum of Art  
Attn: Elizabeth King,  
Volunteer Coordinator  
PO Box 112700  
Gainesville, FL 32611  
Email: eking@harn.ufl.edu  
Questions: (352) 294-7061

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

Email Address: \_\_\_\_\_

Where are you currently enrolled?  UF  SFC  Other \_\_\_\_\_

Major/Minor: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_

Current Status:  Freshman  Junior  Grad  
 Sophomore  Senior

Weekly MUSE planning meetings take place Thursday afternoons from 3:30 – 5 p.m. Programs created and presented by MUSEs are scheduled for the 2<sup>nd</sup> Thursday of each month between 6 – 9 p.m. In order to participate, you MUST be available for planning meetings and each Museum Nights program. If your class and/or work schedule prevent you from meeting this requirement we encourage you to apply to be a MUSE during a future semester when your schedule permits your participation.

Please check that you can meet this requirement.

Briefly describe why you are interested in the Harn MUSE Program:

How did you learn about the Harn MUSE Program?

Special Skills (foreign languages, sign language, art, etc.):

**Hobbies/Interests:**

**What experiences or background do you have that you feel are relevant to the program?**

**Would you like to be contacted about volunteer opportunities for other Harn programs during the semester (Family Days, Tot Times, Museum Store events, etc.)?** *\*You will not be required to volunteer for these as part of your participation in the MUSE program but we welcome your involvement if you are interested and available.*     **Yes**     **No**

I authorize and release the Harn Museum of Art to verify all information submitted in support of my application, including but not limited to my application and resume. I certify that the application and/or resume submitted are a complete and accurate description of my work experience, education, and background. I further certify that the answers to the above questions are true and complete to the best of my knowledge. I understand that any false statements or omissions made by me on this form, my application, my resume, or any supplementary or subsequently submitted materials may be grounds for disciplinary action, up to and including dismissal. I agree to promptly disclose any criminal actions that may occur AFTER completing this application and while volunteering at the Harn Museum of Art. I further understand and agree that failure to completely disclose this information in the future to my supervisor and Harn Museum of Art Human Resources Manager, within five (5) days of the action is just cause for my immediate dismissal from the Harn Museum of Art.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thank you for providing this information and for your interest in the Harn Museum MUSE Program.**

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For office use only

Date received:

Date Contacted:

Interviewed by:

Applicant accepted:

Comments:

**Section 1—VOLUNTEER INFORMATION**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_  
*Attach proof of age if volunteer is under the age of 18*Home Address: \_\_\_\_\_  
Street City State ZipMailing Address (if different than above): \_\_\_\_\_  
Street City State ZipHave you ever pleaded "nolo contendere" (no contest) to or been convicted or found guilty (even if adjudication withheld) of a first degree misdemeanor or a felony?  Yes\*  No

\*If yes, please list the date: \_\_\_\_\_

Offense and disposition (please explain fully): \_\_\_\_\_  
\_\_\_\_\_

As a volunteer, I agree to abide by all applicable rules and regulations of the University of Florida and guidelines of this unit and to fulfill the volunteer responsibilities to the best of my ability. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that the university may terminate this agreement at any time without prior notice.

**Volunteer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

As the parent/guardian of \_\_\_\_\_, I grant my permission for him/her to participate as an unpaid volunteer for the University of Florida. I further acknowledge that I have completed the Authorization for Treatment form on his/her behalf.

**Parent/guardian:** \_\_\_\_\_  
Print name Signature Date**Section 2—TO BE COMPLETED BY THE SUPERVISOR**

Department where volunteer will work: \_\_\_\_\_

Supervisor responsible for volunteer's work: \_\_\_\_\_  
Name and title

Supervisor's phone #: \_\_\_\_\_

Please describe the work the volunteer is expected to perform:

Volunteer's qualifications to perform this work: \_\_\_\_\_

Volunteer work will begin \_\_\_\_\_ and end \_\_\_\_\_

Volunteer's references: \_\_\_\_\_

Name Relationship to volunteer Phone #

Name Relationship to volunteer Phone #

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EMERGENCY CONTACT  
and  
CAMPUS DIRECTORY INFORMATION**

Please complete this form so that we have a record of whom to contact should an emergency situation arise. Also, take this opportunity to tell us whether you wish to be included in the University of Florida Campus Directory. Submit completed form to **Recruitment and Staffing, P.O. BOX 115002, Gainesville, FL 32611-5002. If you have questions regarding this process, please call 392-2477, SC 622-42477, TDD 1-800-955-8771.** If your home address should change, you will need to update your W-4 card.

**EMPLOYEE INFORMATION**

Name: \_\_\_\_\_ UFID #: \_\_\_\_\_

Home address: \_\_\_\_\_

Home telephone: \_\_\_\_\_

University location: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work/daytime phone: (     ) \_\_\_\_\_ ext: \_\_\_\_\_ Home/evening phone: (     ) \_\_\_\_\_

*In the event the above person cannot be reached, please contact:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work/daytime phone: (     ) \_\_\_\_\_ ext: \_\_\_\_\_ Home/evening phone: (     ) \_\_\_\_\_

**COMMENTS**

Are there any important medical conditions, allergies, or other special instructions you would like us to know about in the event of an emergency? (If yes, use space below)

**CAMPUS DIRECTORY**

Do you wish to have your home address and telephone number printed in the University of Florida Campus Directory (this includes the online telephone directory)?   Yes    No

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Employee Signature

Date

Work phone number

In support of the University's effort to maintain and foster safety and security of students, faculty, staff and volunteers, the Harn Museum of Art at the University of Florida requires criminal background checks on all new staff and volunteers.

All criminal background checks will be coordinated through Recruitment and Staffing, Human Resources. Determination of the type of criminal background checks to be conducted will be made by Human Resource Services in conjunction with the Harn Museum's Human Resources Manager.

**PLEASE COMPLETE AND RETURN AS SOON AS POSSIBLE. Information regarding your background screening appointment will be sent after this form is received.**

NAME: \_\_\_\_\_  
*Last* *First* *Middle*

ALIAS/MAIDEN: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

W=White, non-Hispanic      B=Black, non-Hispanic      H=Hispanic      A = Asian/Pacific      I=American Indian/Islander Alaskan Native

UF ID # (if any): \_\_\_\_\_

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

CITY AND STATE OF RESIDENCE FOR THE LAST SEVEN YEARS: \_\_\_\_\_

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