

# OLD SCHOOL SQUARE

51 N Swinton Avenue, Delray Beach, FL 33444  
Email: [volunteer@OldSchool.org](mailto:volunteer@OldSchool.org)

## Volunteer Application

Minimum age requirement to volunteer is 14 years old.  
Please check "Volunteer Opportunities" section for additional requirements.

### Personal Information

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_  
Cell Home Work

Emergency Contact:

\_\_\_\_\_  
Name Phone

Are you at least 14 years old? (Circle one)

Yes No

If you are 14 to 18 years of age, please submit the Minor Volunteer Parental Consent Form.

How did you hear about Old School Square?

Have you ever been employed by Old School Square? (Circle one)

Yes No

If so, please provide dates of employment.

From: \_\_\_\_\_ To: \_\_\_\_\_



Have you ever volunteered at Old School Square? (Circle one)

Yes                  No

If so, please provide dates of volunteering.

From: \_\_\_\_\_ To: \_\_\_\_\_

Are you CPR certified? (Circle one)

Yes                  No

CPR certification expiration date: \_\_\_\_\_

Can you speak, read, or write any language other than English?

Yes                  No

(Please list) \_\_\_\_\_

Have you ever been convicted of a felony; plead nolo contendere (no contest) to a felony; or plead guilty to a felony; or found guilty of a felony? (Include all instances of the foregoing even if adjudication was withheld.) (Circle one)

Yes                  No

If yes, describe in full detail, including dates.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Background Check

All applicants 18 years old and up are subject to a background check. The background check must be completed and approved prior to a scheduled commitment by a volunteer. Failure to pass a background check will result in a denial to our Volunteer Program. Please fill out the attached consent form and submit with your application.



### Availability

- I am interested in: (Check one)  Seasonal (Please provide dates)
- All year
- Other (Please explain)

### Days & Hours Available

Day	Sun	Mon	Tue	Wed	Thu	Fri	Sat
From							
To							

### Volunteer Opportunities

Please check which volunteer opportunities you are interested in learning more about.

- |   |   |
|---|---|
| <input type="checkbox"/> Cornell Art Museum Admissions  | <input type="checkbox"/> Site Docent (Cornell Art Museum) |
| <input type="checkbox"/> Ticket Scanner (Crest Theatre) | <input type="checkbox"/> Site Docent (Crest Theatre)      |
| <input type="checkbox"/> Ticket Scanner (Pavilion)      | <input type="checkbox"/> Holiday Village                  |
| <input type="checkbox"/> Usher (Crest Theatre)          | <input type="checkbox"/> Special Events                   |
| <input type="checkbox"/> Usher (Pavilion)               | <input type="checkbox"/> Kids Program                     |
| <input type="checkbox"/> Cornell Art Museum Store       | <input type="checkbox"/> Membership Ambassadors *         |

\* *Must be at least 18 years old to volunteer for this position.*

## Applicant Certifications

Please initial statements to indicate you have read and understand each.

\_\_\_\_\_ I certify that the statements made in this Volunteer Application are true and correct and have been given voluntarily. If the information provided in this document is found to be untruthful, I understand that I will be released from the Old School Square Volunteer Program.

\_\_\_\_\_ I understand this application does not entitle me to a volunteer position, nor does it entitle me to the position I choose.

\_\_\_\_\_ I understand that I will not be paid for my services as a volunteer, and that filling out an application does not guarantee acceptance into the Volunteer Program.

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Print Applicant's Name

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Applicant's Signature

Date

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Applicant's Email Address

**PLEASE PROVIDE COPY OF PICTURE ID  
(DRIVER'S LICENSE OR SCHOOL ID)  
WITH APPLICATION.**



51 N. Swinton Avenue | Delray Beach, FL 33444 | T 561 243 7922 | [W OldSchoolSquare.org](http://www.OldSchoolSquare.org)

# OLD SCHOOL SQUARE

## Consent to Background and Reference Check

I, \_\_\_\_\_, hereby authorize Old School Square Center for the Arts, Inc. (the "Company") of 51 N Swinton Ave, Delray Beach, FL 33444, and/or its agents to make investigation of my background, references, character, past employment, consumer reports, education, and criminal history record information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my Volunteer Application and/or obtaining other information which may be material to my qualifications for volunteering. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent.

Regarding the foregoing disclosures, I hereby agree to release any person, company, or other entity from all causes of action that otherwise might arise from supplying the Company with information it may request pursuant to this release. I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document will be sufficient for rejection of my application or for my immediate discharge should such falsification or misrepresentations be discovered after I have been approved for volunteer status.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Applicant's Name \_\_\_\_\_



# OLD SCHOOL SQUARE

## Identifying Information for Consumer Reporting Agency (Please Print)

Name

\_\_\_\_\_

Last	First	Middle
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Other names used (alias, maiden, nickname)

\_\_\_\_\_ Years used \_\_\_\_\_

Current address

\_\_\_\_\_

City	State	Zip
------	-------	-----

Former address

\_\_\_\_\_

City	State	Zip
------	-------	-----

Social Security number \_\_\_\_\_

Daytime phone number \_\_\_\_\_

Driver's license number \_\_\_\_\_ State Issued \_\_\_\_\_

\* Date of birth \_\_\_\_\_ \* Gender \_\_\_\_\_

*\* This information will enable the investigating contractor to properly identify you during the background search and will not be used in volunteer decisions.*

# OLD SCHOOL SQUARE

## Minor Volunteer Parental Consent Form

Volunteers under 18 who are not accompanied by a parent or legal guardian are required to bring a signed waiver form prior to or on the day of the volunteer project. Without it, the minor will not be able to volunteer. A parent or legal guardian of each minor must read and agree to the following:

By signing this form, I the parent or legal guardian of the named below, consent to the child's participation in the volunteer activities organized by Old Schools Square. I understand that the child will be provided with orientation and training necessary for the safe and responsible performance of the volunteer duties and will be expected to meet all requirements of the position, including compliance with Old School Square policies and procedures. I understand that my child will receive no monetary compensation for this work. I also understand that inherent risks may be associated with volunteer activities, including but not limited to, broken bones, concussions, sprains, paralysis, and death, and will not hold Old School Square accountable or liable for any injuries that unintentionally result from the child's participation, or that arise during the time spent volunteering due to any underlying physical condition.

Further, I understand that, to recognize the great work of the volunteers, Old School Square occasionally posts photographs on its social media platforms (Facebook, Twitter), on its website or in print materials. By providing consent for my child to apply as a volunteer, I give permission for my child's name, photo, video image, and/or achievement(s) to be disclosed on social media, on the website, in print materials or released to the media.

I, \_\_\_\_\_, give permission for my son/daughter,  
\_\_\_\_\_, who is \_\_\_\_\_ years old, to volunteer at Old School Square.

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

Parent/Guardian Phone \_\_\_\_\_ Email \_\_\_\_\_

In the event of an emergency please contact the following person:

Emergency Contact/Relationship \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

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

Print Name \_\_\_\_\_