

Southern Utah Museum of Art Volunteer Application

Volunteer Contact Information

Name (Please Print) _____

Current Address _____

Email _____

Home Phone _____ Cell Phone _____

Current Employment _____

Education, Skills
& Interests

Volunteer Work Preferences

Preferred Volunteer Work

General

Docent

Cataloging

Mat & Frame

Other

SUMA Hours of Operation:

Fall through Spring
Tuesday - Saturday
12:00 p.m. - 6:00 p.m.

Summer
Monday - Saturday
10:00 a.m. - 7:30 p.m.

Preferred Volunteer Hours

	Mon	Tues	Wed	Thurs	Fri	Sat
AM						
PM						

Volunteers will be expected to commit to providing a minimum of 4 hours per week for one year to SUMA. By signing this form, you acknowledge this commitment.

Volunteer Personal Information

Have you ever been convicted of a felony, crime of violence or crime against another person?

Yes

No

If yes, please explain

In accordance with Utah State Code 53A-3-410, your agreement for appointment is contingent upon successful completion of a background check. Southern Utah University uses an outside source to conduct these checks. You will receive an email from Accurate Background, Inc., which will contain a secure link to initiate the background check. The email will be from customer_service@accuratebackground.com. If you have any questions or concerns about this process, please let us know.

Initials _____

References

Name	Phone Number	Relationship

I wish to donate my services to Southern Utah University and understand there is no payment for services rendered. I agree to abide by the rules, regulations and policies of SUU and the Southern Utah Museum of Art. I further understand that confidentiality must be maintained concerning internal University information. I understand that I am performing volunteer activities at my own risk and agree to release SUU and SUMA from any liability should I be injured through no fault of the organization while performing the duties of a volunteer. I understand that I am a volunteer and not an employee of the University or SUMA, and that I am not covered by Worker's Compensation.

Initials _____

Emergency Contact Name	Phone Number	Relationship

By signing this form, I acknowledge that I may be dismissed from my volunteer position at the discretion of the Executive Director of the museum, for cause, after I have been given an opportunity to discuss the circumstances with the Volunteer Coordinator and the Executive Director and to correct those circumstances prior to dismissal.

Initials _____

Signature _____ Date _____

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above terms of the SUMA Volunteer Application.

If you are unable to submit the Volunteer Application electronically,
please print the completed form and return it to the front desk at SUMA.

For Museum Use Only

Accept

Defer

Notification

Assignment