



Educational Gallery Group (Eg²)



Eg² is always seeking committed volunteers!

Volunteers will be working alongside staff, students and other volunteers. We are asking for a commitment to whole events, classes or availability on a regular basis to help out with a variety of programs. Any and all help is appreciated.

Volunteer Expectations:

- **Be Committed**- Submit this application signed by you (and your guardian if under 18)
- **Be Reliable**- If you cannot make it to a pre-discussed time/place or you will be late please notify a staff member ASAP
- **Be Responsible**- Always set a good example.
- **Be Ready for Anything**- You may be helping with outreach programs, class activities or other non-profit related projects.
- **Be Ready to Work**- We want you to have fun but remember that you are here to work and help us reach our goals!

Some logistics:

- Volunteers may need bring a snack and their own water, if you will be helping out at our main location there will be a refrigerator and microwave
- Volunteers get messy – wear appropriate clothes for the activity
- Safety first: please wear closed-toed shoes
- Volunteer hours vary depending on the project, be sure to mark your availability on the application
- If you are under 18, we ask that you do not leave the premises during volunteer hours unless staff is notified first.

Sign me up!

Fill out and email your application to Admin@egsquared.org or print and complete the application and mail it to: Educational Gallery Group, PO Box 7557, FL 33401

Once your application is received it will be reviewed and you will be contacted with more information about upcoming opportunities!

Questions?

Call the Office 561-355-5276 or email Admin@egsquared.org



VOLUNTEER APPLICATION

Educational Gallery Group (Eg²)



Volunteer Name _____

Address _____

Cell Phone _____ **Email** _____

Emergency Contact Name _____ **Phone** _____

Date of Birth _____ **Grade/Occupation** _____ **School/Business** _____

Availability: (please choose all that apply)

- Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays Sundays
- Mornings Afternoons Evenings
- One Time Only (Please Specify): _____

What are you interested in volunteering for? (please choose all that apply)

- Administrative Help (filing, organization, etc.): _____
- Fundraising: _____
- Exhibition Installations: _____
- Academy and Class Assistance: _____
- Outreach Events: _____
- Booth Assistance at local events: _____
- Other: _____

Waiver of Liability and Photo Release

I Consent to my own (or to my child's) participation as a volunteer for Eg². In an emergency the contact provided can be reached at the numbers listed above. On the event that they cannot be reached, I authorize the Educational Gallery Group to authorize or refuse necessary emergency treatment for me (or my child). I further agree to indemnify, protect, and hold harmless the Educational Gallery Group, its instructors, and all other persons that supervise the volunteers participating in the above events from any claim or liability whatsoever, including, but not limited to personal injury, property damage, court costs, attorney's fees and interest, however caused. I also understand that the Educational Gallery Group will not tolerate disruptive behavior from volunteers. We reserve the right to terminate the participation of a person or student in the program for failure to behave or have conduct that is detrimental to or incompatible with the interest, harmony, comfort or welfare of the other participants. The Educational Gallery Group reserves the right to cancel a program or event and will notify all participants if this does occur. By signing this waiver, I release the Educational Gallery Group, and its staff from any negligence incurred. Furthermore, Educational Gallery Group has my permission to use my or my child's photograph publically to promote the organization. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Signature of Volunteer: _____ **Date** _____

Signature of Parent/Guardian (If under age 18): _____