**Friends of the Museums Volunteer Application**

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| Date of Application:  |   |
| Name:  | Last:  | First:  |
| Address & City:  |   | Zip:  |
| Phone:  | Home:  | Cell:  |
| E-Mail Address:  |   | Birthdate: (optional)  |

|  |
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| **Employment Experience**  |
| 1.  | Employer:  | Position:  |
|   | Duties:  | Year(s) Employed:  |
| 2.  | Employer:  | Position:  |
|   | Duties:  | Year(s) Employed:  |

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| **Volunteer Experience**  |
| 1.  | Organization:  | Position:  |
|   | Duties:  |
| 2.  | Organization:  | Position:  |
|   | Duties:  |

|  |  |
| --- | --- |
| **Time & Days of the week you can volunteer?**  | **Comment**  |
| Monday  |   |   |
| Tuesday  |   |   |
| Wednesday  |   |   |
| Thursday  |   |   |
| Friday  |   |   |
| Saturday  |   |   |
| Sunday  |   |   |

Your area of interest in volunteering \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about our program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEASE OF LIABILITY**

In consideration for the Friends of the Museums allowing me to participate as a volunteer in its volunteer program, I hereby release the Friends of the Museums, its officers and employees, from any claims for personal injury or property damage arising out of my participation in the program. I understand that an injury sustained by me while volunteering with the Friends of the Museums will not be covered by Worker’s Compensation or Health Insurance provided by the Museum.

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