**Friends of the Museums Volunteer Application**

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

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

|  |  |  |
| --- | --- | --- |
| **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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