

Application Received

Interview: _____
By: _____
Dept: _____
Start Date: _____



DATE _____

**DOCENT APPLICATION
& RELEASE FORM**

MISSION

The Cameron Art Museum provides a cultural gathering place which enriches the lives of museum visitors and our community through high quality exhibitions, dynamic public programs, unique events and educational opportunities in the visual and performing arts.

All **Cameron Art Museum** docents are asked to:

- Submit a Docent Application & Release Form
- Meet for training once monthly on the 1st Wednesday from 9:30 am until noon September through May
- Give an average of three tours each month from September Through May when training is complete
- Maintain a Cameron Art Museum membership

PERSONAL INFORMATION

** Required field. We are committed to your privacy and never rent, exchange or sell this information to anyone.*

Last Name _____ First Name _____ MI _____

Email Address _____

Street Address _____

City, State, ZIP _____

Day Phone _____ Evening Phone _____

Birthdate _____ Are you currently a Cameron Art Museum Member? Yes / No

Will you agree to a criminal/background check: _____ Yes _____ No

SS# _____ Drivers Lic # _____ State _____

EMERGENCY CONTACT

Name _____ Relationship _____ Phone _____

DOCENT INTERESTS & AVAILABILITY

Docent Positions – please check your area of interest.

Student Tours Children’s Events Adult Tours Connections Tours (guests living with Alzheimer’s, dementia, or other disability)

Availability

Please indicate the days and time periods that you are generally available to serve. You may provide additional information regarding your availability in the space below. Weekly Three times Monthly

SKILLS & EXPERIENCE –Please check and specify length of experience.

Working with Children, Adults, Special Populations

Pre-school Age _____ How long _____?

Adults _____ How long _____?

Elementary Age _____ How long _____?

Senior Citizens ____ How long _____?

Middle and High School Age _____ How long _____?

People with disabilities ____ How long _____?

College Students _____ How long _____?

Public Speaking and Communication Skills

Are you comfortable speaking to adult groups? Yes – No

Are you comfortable speaking to children’s groups? Yes – No

Are you fluent in any language other than English? Yes – No If yes, please specify:

VOLUNTEER HISTORY

Are you currently volunteering at another organization? Yes - No

If yes, may we contact them? Yes - No

Organization Name and Contact

Information _____

Do you have any previous volunteer experience? Yes - No

If yes, please list:

How did you learn about volunteer opportunities at the Cameron Art Museum?

OCCUPATION

If you are currently employed, please give the name and address of your company or business, and your supervisor’s contact information. If you are NOT currently employed, please indicate if you are retired, a homemaker, or other on the first line. You need not duplicate your own contact information if you are self-employed.

Employer/Company Name _____

Supervisor Name _____

Title _____

Street 1 _____

Street 2 _____

City _____ State _____ Zip _____

Day phone _____ Cell phone _____

E-mail address _____

EDUCATION

School _____ Major/Degree _____ date _____
School _____ Major/Degree _____ date _____
School _____ Major/Degree _____ date _____

REFERENCES

Please list two references who are familiar with your skills and work habits (other than family members).

First Reference

First Name, Last Name _____ Relationship _____
Telephone _____ Email _____

Second Reference

First Name, Last Name _____ Relationship _____
Telephone _____ Email _____

Third Reference

First Name, Last Name _____ Relationship _____
Telephone _____ Email _____

Will you agree to a background search? Yes No

Photography Release _____ (Initial)

The undersigned docent hereby grants the Cameron Art Museum, (hereinafter referred to as Museum), permission to take or have taken still or moving images whether print or digital, including television broadcast or voice transmission. The undersigned also consents and authorizes Museum, its advertising agencies, news media, and any other person interested in Museum and its work, to use and reproduce the images, video and sound recordings and to circulate and publicize the same by all means, including, without limiting the generality of the foregoing, newspapers, magazines, television, media, brochures, pamphlets, instructional materials, books and clinical materials. With respect to the foregoing matters, no inducements, or promises have been made to secure this signature to this release other than the intention of Museum to use or cause to be used such images, films, recordings, and video for the primary purpose of promoting Museum and its work.

Waiver and Release of Liability _____ (Initial)

In consideration of being allowed to volunteer my services at the Museum, I hereby acknowledge that there are certain risks of injury involved, and I knowingly and freely assume all such risks and assume full responsibility for my participation. To the extent allowed by law, I agree to indemnify and hold harmless the Museum, its officers, employees, agents, representatives and volunteers, of all liabilities and all loss or damage to person or property which may occur or be incident to my involvement or participation.

Volunteer Confidentiality Agreement _____ (Initial)

I recognize that as a Docent of the Museum, I may have access to confidential information concerning the Cameron Art Museum (CAM) / the Museum, its guests, donors, members, alumni, vendors, employees, volunteers or other representatives. In consideration of any volunteer status with CAM / Museum, I agree I will not at any time, during or after volunteering for CAM / Museum, divulge or reveal to any person, firm, or corporation, any information (including, but not limited to, personal or financial information or customer lists), directly or indirectly, which might in any way be used to injure or interfere with the business of CAM / Museum, or to alienate guests, customers, agents, employees, volunteers or representatives from CAM / Museum or to cause discontent or dissatisfaction among any such persons.

I agree that should I have any questions as to the propriety of release of any information, I will request clearance from the Cameron Art Museum prior to releasing such information.

I certify that the information in this Docent Application is true, correct and complete to the best of my knowledge. I authorize the Cameron Art Museum to verify any and all information I provided by contacting appropriate sources.

BY SIGNING, I UNDERSTAND THAT I AM INDICATING MY AGREEMENT WITH THE TERMS OF ALL PRECEDING SECTIONS.

Signature Date

Print Name

Send completed application to:

Mail: Martha Burdette
Museum Education Coordinator
Cameron Art Museum
3201 S. 17th Street
Wilmington, NC 28412
(910) 395-5999 x 1001
Email: mburdette@cameronartmuseum.com