



# VOLUNTEER APPLICATION & RELEASE FORM

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

- Submit a Volunteer Application & Release Form
- Meet orientation and training requirements associated with volunteer position
- Commitment of three (3) months as a volunteer and minimum of 1 full shift monthly
- Be minimum of 16 years old for \*Special Event volunteering only
- Support the CAM through membership

## PERSONAL INFORMATION

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact Name & Phone:** \_\_\_\_\_

*Minors (16-17 years old or a high school student) parent/guardian \*information and \*signature are required*

\*Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to above volunteer: \_\_\_\_\_

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

Are you a member of Cameron Art Museum? \_\_\_\_\_ Are you volunteering while looking for work? \_\_\_\_\_

-if fulfilling a graduation requirement, specify hours required: \_\_\_\_\_ Deadline: \_\_\_\_\_

Will you agree to a criminal/background search and drug screening? Yes/ No

Date of birth: \_\_\_\_\_ SS# \_\_\_\_\_ (Office use: \_\_\_\_\_)

## Check Volunteer Position & Shifts of Interest:

<input type="checkbox"/>	Visitor Services	<input type="checkbox"/>	Shop	<input type="checkbox"/>	Switchboard	<input type="checkbox"/>	Education/Museum Sch	<input type="checkbox"/>	Programs/Special Events
<input type="checkbox"/>	10 am – 2pm	<input type="checkbox"/>	10 am – 2 pm	<input type="checkbox"/>	10 am – 2 pm	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Morning
<input type="checkbox"/>	2 pm – 5 pm	<input type="checkbox"/>	2 pm – 5 pm	<input type="checkbox"/>	2 pm – 5 pm	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Afternoon
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Evening	<input type="checkbox"/>	Evening
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Weekends	<input type="checkbox"/>	Weekends

## Check Availability and Frequency:

<input type="checkbox"/>	Tues	<input type="checkbox"/>	Wed	<input type="checkbox"/>	Thurs	<input type="checkbox"/>	Fri	<input type="checkbox"/>	Weekend Events
<input type="checkbox"/>	Periodically	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Bi-Weekly	<input type="checkbox"/>	No specific time/day

**Special Interests:** \_\_\_\_\_

## Work/Volunteer Experience:

*Please check if resume attached:*


## EDUCATION

School \_\_\_\_\_ Year Graduated \_\_\_\_\_ Major/Degree \_\_\_\_\_

## REFERENCES List two Non-Family references

### First Reference

First Name, Last Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

### Second Reference

First Name, Last Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

List physical limitations (if any): \_\_\_\_\_

Any Medical conditions, needs or concerns that CAM staff should be aware of: \_\_\_\_\_

- **Photography Release**

The undersigned volunteer 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**

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 Cameron Art 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. This does not apply to injuries resulting from negligence on the part of the CAM or its employees.

- **Volunteer Confidentiality Agreement**

I recognize that as a volunteer 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 the museum, I agree I will not at any time, during or after volunteering for the 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 the museum, or to alienate guests, customers, agents, employees, volunteers or representatives from the museum or to cause discontent or dissatisfaction among any such persons.

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

\_\_\_\_\_  
Volunteer Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Parent/Guardian Printed Name

\_\_\_\_\_  
\*Signature

\_\_\_\_\_  
Date

*\*If a minor, parent/guardian printed name and signature required and agrees to Release/Waiver/Agreement above.*

**Send completed application to: Pam Palmer [ppalmer@cameronartmuseum.org](mailto:ppalmer@cameronartmuseum.org)**

Cameron Art Museum 3201 S. 17<sup>th</sup> St. Wilmington NC 28412 Call: 910.395.5999 x 1012