

## **VOLUNTEER & DOCENT**

## APPLICATION & RELEASE FORM

## MISSION STATEMENT

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 volunteers/docents 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

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Last Name								First Name					Middle							
Str	eet Addres	ss																		
$\operatorname{Cit}$	y, State, Z	IP_																		
Phone:								Email:												
Emergency Contact Name/Phone:							Relationship:													
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	2  pm - 5  pm	pm – 5 pm			2 pm – 5 pm			2  pm - 5  pm				Afternoon				Afternoon				Afternoon
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	Periodica						Weekl	у			Bi-Weekly			No specific time/day						
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Special Interest:			
EDUCATION			
School	Year Graduated	Major/Degree	
REFERENCES List two Non-	Family references		
First Reference			
First Name, Last Name	Email	Relationship	
Telephone	Email		
Second Reference			
First Name, Last Name	Email	Relationship	
Telephone	Email		
List physical limitations (if any):			
Any Medical conditions, needs or co	oncerns that CAM staff should be aware	e of:	
undersigned also consents and aut Museum and its work, to use and rall means, including, without limit pamphlets, instructional material promises have been made to secure such images, films, recordings, and  • Waiver and Release of Liak In consideration of being allowed to finjury involved, and I knowingly extent allowed by law, I agree to representatives and volunteers, of my involvement or participation. employees.  • Volunteer Confidentiality I recognize that as a volunteer of Museum (CAM), the Museum, its In consideration of any volunteers museum, divulge or reveal to any financial information or customer business of the museum, or to alie or to cause discontent or dissatisfar I agree that should I have any question the Cameron Art Museum prior to release	to volunteer my services at the Museum, I he and freely assume all such risks and assum indemnify and hold harmless the Cameror all liabilities and all loss or damage to perso. This does not apply to injuries resulting for the Museum, I may have access to confide guests, donors, members, alumni, vendors, estatus with the museum, I agree I will not a person, firm, or corporation, any informate lists), directly or indirectly, which might in nate guests, customers, agents, employees, vendors and freely assume that the museum, I agree I will not a person, firm, or corporation, any informate lists), directly or indirectly, which might in nate guests, customers, agents, employees, vendored.	news media, and any other person interest dings and to circulate and publicize the sampers, magazines, television, media, broce to to the foregoing matters, no inducement intention of Museum to use or cause to be go Museum and its work.  Thereby acknowledge that there are certain the full responsibility for my participation. In Art Museum, its officers, employees, and or property which may occur or be incide from negligence on the part of the CAM central information concerning the Camer employees, volunteers or other representate any time, during or after volunteering any way be used to injure or interfere we wolunteers or representatives from the measurement of the camer formation. I will request clearance formation in this Volunteer Application in	sted in the by shures, nots, or see used in risks. To the agents, dent to for its on Art actives. For the useum efrom strue,
BY SIGNING, I UNDERSTAND PRECEDING SECTIONS.	THAT I AM INDICATING MY AGR	EEMENT WITH THE TERMS OF	' ALL
Volunteer Printed Name	Signature	Date	
*Parant/Guardian Printed Name	*Signatura		

Send completed application to: Pam Palmer email: ppalmer@cameronartmuseum.org

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