



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.

CAM USE	
Received	
BG order	
BG rcvd	
To _____	Date _____
Called	
emailed	
Start	

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

PERSONAL INFORMATION

We are committed to your privacy and never rent, exchange or sell your information to an outside or third party

Last Name _____ First Name _____ Middle _____

Street Address _____

City, State, ZIP _____

Phone: _____ Email: _____

Emergency Contact Name/Phone: _____ **Relationship:** _____

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? Yes No

Date of birth: _____ SS# _____ ** Option to provide SS# over the phone

***Your social security number will not be retained in our files, once background is completed.*

Check Volunteer Position & Shifts of Interest:

Visitor Services	Shop	Switchboard	Ed/Museum Sch	Events/Programs	DOCENT
10 am – 2pm	10 am-2 pm	10 am – 2 pm	Morning	Morning/Afternoon	Morning
2 pm – 5 pm	2 pm – 5 pm	2 pm – 5 pm	Afternoon	Evening/Weekend	Afternoon

Check Docent Tour Interest:

Students	Children's	Adults	Connections (guests living with Alzheimer's, dementia or other disabilities)
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Check Availability and Frequency:

Tues	Wed	Thurs	Fri	Weekend Events
Periodically	Monthly	Weekly	Bi-Weekly	Special Events- times tbd

Work/Volunteer Experience:

Please check if resume attached:

Special Interest(s): _____

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
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_____ *Parent/Guardian Printed Name	_____ Signature / Parent/Guardian Phone	_____ Date
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**If a minor, parent/guardian printed name and signature required and agrees to Release/Waiver/Agreement above.*

Relationship to above volunteer: _____

Return completed application to CAM Visitor Services Desk or mail to

Cameron Art Museum / HR Dept. 3201 S. 17th St. Wilmington NC 28412 Call: 910.395.5999