

- 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

VOLUNTEER APPLICATION & RELEASE FORM

MISSION STATEMENT: The Cameron Art Museum provides a cultural gathering place which enriches the

Maintain a current CAM membership (required as of Jan. 1, 2024)

APPLICATIONS will be processed March 1 - October 31 of each year.

PERSONAL INFORMATION

We are committed to your privacy and never rent, exchange or sell your information to an outside or third party Today's Date ______ ***** Must sign on back for application to be processed

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? Ye	es 🔲 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	Admin.	Ed/Museum Sch	Events/Programs	Other
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 Tour Interest:

Connections (guests living with Alzheimer's, dementia or other disabilities)

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:

CAM USE								
Received								
BG order								
BG revd								
То	Date							
Called								
emailed								
Start								

Special Interest(s):

EDUCATION

School	Year Graduated	Major/Degree
REFERENCES List Two Non-	Family references	
First Reference		
First Name, Last Name		Relationship
Telephone		
Second Reference		
First Name, Last Name		Relationship
Telephone	Email	
List physical limitations (if any):		
	oncerns that CAM staff should be aware	

• 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 / Parent/Guardian Phone	Date
*If a minor, parent/guardian printed name and s	signature required and agrees to Release/Waiv	er/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