



AMERICA'S CAR MUSEUM®

VOLUNTEER APPLICATION

Volunteer

Name: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Home Phone Number: _____

Cell Number _____

Email Address: _____

Education: _____

Previous Volunteer Experience _____

Circle One: Shirt Size: Men: XS / S / M / L / XL / 2XL / 3XL Ladies: S / M / L / XL

References

Name: _____ Relation: _____

Contact: _____ How long have you know this person? _____

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Emergency Contact

Name: _____ Relation: _____ Phone: _____

Are You a Member of the LeMay –AMERICA'S CAR MUSEUM? ____ Yes ____ No

I give permission to LeMay –AMERICA'S CAR MUSEUM to add my name and contact information to the general

How did you hear about the volunteer program? ____ Museum Event ____ Website ____ Newsletter ____ Member ____ Other

I am interested in the following Volunteer Activities

- | | |
|--|---|
| <input type="checkbox"/> Docent/Tour Guide | <input type="checkbox"/> Greeter |
| <input type="checkbox"/> Collection Monitor | <input type="checkbox"/> Office /Administrative Assistant |
| <input type="checkbox"/> Pit Crew | <input type="checkbox"/> Library |
| <input type="checkbox"/> Events Specialist | <input type="checkbox"/> Museum Educator for K-12 |
| <input type="checkbox"/> Vehicle Cleaning and Upkeep (Collection Management) | Other: |
| | <input type="checkbox"/> _____ |

Please list any other skills or experience that might be relevant or that you would like to develop while volunteering with LeMay- AMERICA'S CAR MUSEUM:

Are you a car collector? If so, do you belong to any affiliate organizations, auctions or clubs?

Availability: (Please check days that you are generally available to volunteer)

Monday Tuesday Wed Thurs Friday Saturday Sunday

Do you have any physical limitations that may affect your ability to perform job functions? (standing, walking, hearing, vision, etc.)

Are you currently taking any medication that would impact your ability to drive or work on/around vehicles or equipment? ____Yes ____No If yes, please indicated specific medical emergency instructions

Volunteer Release

Liability Disclaimer: I hereby release indemnity, and hold harmless LeMay – AMERICA'S CAR MUSEUM, the organizers, the agency at which I volunteer, including sponsors and supervisors of all activities, from any and all liability in connection with any injury (including any injury caused by negligence), in conjunction with volunteer activities from **the date acknowledge below until terminated by LeMay- AMERICA'S CAR MUSEUM.** I acknowledge that there are certain foreseeable and unforeseeable risks associated with participating in any event or program, including but not limited to, illness, traveling to and from event and/or program, and the effects of the weather, all such risks being understood and appreciated by me.

I certify that I am in good health and able to participate in the event and/or program activities I have volunteered for. I certify that I am over eighteen years of age and competent to enter in to this release. If I am not eighteen years of age, my parent or guardian has signed this release on my behalf, and agrees to all the stipulations set forth in this document. I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof. *Please note that volunteering may require a criminal background check.

Communication Release: I hereby assign the rights to any video and/or photographic recording (s) made of me while volunteering for an event or program of LeMay – AMERICA'S CAR MUSEUM or its agencies and collaborators. I hereby authorize the editing, duplication, reproduction, copyright, exhibition, broadcast and/or nonprofit use and distribution of said recordings for purposes deemed suitable by LeMay – AMERICA'S CAR MUSEUM.

I hereby waive any right to approve the finished products. I certify that I am over eighteen years of age and am competent to enter into this release. If I am not eighteen years of age, my parent or guardian has signed this release on my behalf, and agrees to all the stipulations set forth in this document. I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

Print Full Name: _____ Date: _____
Please Print (First, Middle Initial, Last)

Signature: _____ Date: _____
(Volunteer)

Signature: _____ Date: _____
(Parent or Guardian if volunteer is under age 18)

THE COMPLETED AND SIGNED APPLICATION DOCUMENT SHOULD BE RETURNED TO LeMAY- AMERICA'S CAR MUSEUM, P.O. BOX 1117, TACOMA, WA 98401 WITH A PHOTOCOPY OF YOUR DRIVER'S LICENSE.