

MUSEUM OF CONTEMPORARY NATIVE ARTS

A center of the INSTITUTE OF AMERICAN INDIAN ARTS

Volunteer Application & Release Form

All **Museum of Contemporary Native Arts** volunteers are asked to:

- Submit a Volunteer Application & Release Form
- Meet orientation and training requirements associated with volunteer position
- Volunteer for a period of no less than (6) months, 1-2 hours per week

General Information

Please include at least one phone number where we can reach you during business hours and an email address that you check regularly. **Your information will be kept confidential.**

Title: _____
First name: _____
Last name: _____
Middle name: _____
Nickname: _____
Tribal affiliation: _____
Street 1: _____
Street 2: _____
City: _____
State: _____ Zip / Postal Code: _____
Home phone: _____ OK to call me here _____
Work phone: _____ OK to call me here _____
Cell phone: _____ OK to call me here _____
E-mail address: _____
Date of birth: _____
Gender: _____

What kinds of email may IAIA / Museum send you?

_____ Electronic newsletters
_____ Volunteer Opportunities
_____ Schedule reminders

Emergency Contact

Medical Insurance Company: _____

We will attempt to contact the following person in the event of a personal emergency.

First name: _____
Last name: _____
Street 1: _____
Street 2: _____
City: _____
State: _____ Zip / Postal Code: _____
Day phone: _____
Evening phone: _____
Cell phone: _____
E-mail address: _____
Relationship: _____

Physical Capabilities or Limitations

Do you have any physical limitations (difficulty standing, lifting, hearing, etc.) that might affect your ability to volunteer or do specific tasks? If so, please describe briefly.

Availability

Please indicate the days and time periods that you are generally available to serve. You may provide additional information regarding your availability in the space below.

Sun Mon Tue Wed Thu Fri Sat

Morning: _____

Afternoon: _____

Evening: _____

My availability is:

From: _____

To: _____

Additional information regarding your availability

Education

School: _____ Major degree: _____

Occupation

If you are currently employed, please give the name and address of your company or business, and your SUPERVISOR's contact information. If you are NOT currently employed, please indicate if you are retired, a homemaker, or other on the first line. *You need not duplicate your own contact information if you are self-employed.*

Employer / Company name: _____

Supervisor Name: _____

Title: _____

Street 1: _____

Street 2: _____

City: _____

State: _____

Zip: _____

Day phone: _____

Cell phone: _____

E-mail address: _____

Professional Skills and /or Special Abilities

Please indicate any of the following skills or abilities that you possess. *Professional experience is not required.* If you have other skills or abilities that might be valuable in museum operations, please list them in the space provided.

Skills

_____ Accounting	_____ Acting	_____ American Sign Language
_____ Art Handling	_____ Artistic Abilities	_____ CDL
_____ Chef / Catering Experience	_____ Clerical / Office	_____ Computer (MS Office)
_____ Construction / Fabrication	_____ Customer Service	_____ Data Entry / Keyboarding

_____ Editing / Proofreading	_____ Education / Teaching	_____ Electrician
_____ Engineering	_____ Foreign Language (list below)	
_____ Fund-raising & Development	_____ Graphic Designer	
_____ Horticulture or Landscaping	_____ Law	_____ Law Enforcement
_____ Lighting (Stage, Set, etc...)	_____ Maintenance / Repair	_____ Mechanic (specify below)
_____ Painter	_____ People Skills	_____ Photography
_____ Public Speaker	_____ Sales	_____ Set Construction
_____ Sight Guide / Visually Impaired	_____ Special Events	_____ Tour Guide / Docent
_____ Teaching / Training	_____ Warehousing / Shipping	_____ Writing

Additional skills, abilities or areas of interest

Photography Release

The undersigned volunteer hereby grants the **Museum of Contemporary Native Arts**, (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 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.

Volunteer Confidentiality Agreement

I recognize that as a volunteer of the Museum, I may have access to confidential information concerning the Institute of American Indian Arts (IAIA) / the Museum, its guests, donors, members, alumni, vendors, employees, volunteers or other representatives. In consideration of any volunteer status with IAIA / Museum, I agree I will not at any time, during or after volunteering for IAIA / 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 IAIA / Museum, or to alienate guests, customers, agents, employees, volunteers or representatives from IAIA / Museum or to cause discontent or dissatisfaction among any such persons.

I agree that should I have any questions as to the propriety of release of any information, I will request clearance from the Museum of Contemporary Native Arts 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 Museum of Contemporary Native Arts 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.

Signature

Date

Print Name