



Application Received

Interview Date:

By:

Dept:

Approved:

**VOLUNTEER APPLICATION
& RELEASE FORM**

All **Everett Museum of History** volunteers are asked to:

- Submit a Volunteer Application & Release Form before Assuming Any Work
- Meet orientation and training requirements associated with volunteer position
- Volunteer for a period of no less than (6) months

PERSONAL INFORMATION

We are committed to your privacy and never rent, exchange, or sell this information to anyone.

Last Name _____ First Name _____ MI _____

Email Address _____

Street Address _____

City, State, ZIP _____

Day Phone _____ Evening Phone _____

Birthday (month/day) _____

Are you currently an Everett Museum of History Member? Yes No

Are you volunteering to fulfill a graduation requirement? Yes No

Are you volunteering to fulfill a court-ordered community service requirement? Yes No

Availability

Weekdays Evenings Only Weekends Only On-Call

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

Sun Mon Tues Wed Thu Fri Sat

SKILLS & EXPERIENCE

Retail Administration Point of Sale Front Desk

Museum Exhibitions Museum Collections Museum Education & Programming

Do you use any forms of social media?

Yes, I love it!

Yes, but only to keep in touch with people

Yes, but only for business purposes

No way! I'm not a fan of any of that

If you answered yes, which do you use and your @:

Intermediate to Advanced Computer Skills:

Web Development/Design

Database Development

Graphic Design: _____

Public Speaking and Communication Skills:

Public Speaking

Oral Presentations

Acting

Storytelling

Other (please specify): _____

Are you fluent in any language other than English?

Yes

No

If yes, please specify: _____

Are you currently volunteering at another organization?

Yes

No

If yes, may we contact them?

Contact Information: _____

Any previous volunteer experience?

Yes

No

If yes, please list:

What other professional experiences or hobbies would you like to share?

What are your specific interests for volunteer opportunities in the museum?

Museum Administration

Museum Exhibitions

Museum Education & Programming

Museum Collections

Museum Archives

Special Events

Gallery Attendant

Front Desk/Greeter

Docent/Tours

Wherever I am needed

Other: _____

How did you learn about volunteer opportunities at the Everett Museum of History?

Physical Limitations: No Yes: _____

Will you agree to a background search? Yes No

REFERENCES

Please list two references familiar with your skills and work habits (other than family members):

Name _____ Relationship _____

Telephone _____ Email _____

Name _____ Relationship _____

Telephone _____ Email _____

Photography Release

The undersigned volunteer hereby grants the Everett Museum of History, (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 unpaid 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 Everett Museum of History (EMOH) / the Museum, its guests, donors, members, alumni, vendors, employees, volunteers or other representatives. In consideration of any volunteer status with EMOH / Museum, I agree I will not at any time, during or after volunteering for EMOH / 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 EMOH / Museum, or to alienate guests, customers, agents, employees, volunteers or representatives from EMOH / 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 Everett Museum of History 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 Everett Museum of History 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

Please Return To: PO Box 5556 Everett, WA 98206 OR info@everettmuseum.org OR In Person