

# IMOA Volunteer Application

Please print clearly and fill out the application in its entirety

## Contact Information

Name <i>(first, middle, last)</i>					
Home Address				Apt. / Suite	
City		State		Zip Code	
Phone Numbers <i>(include area code)</i>	Cell		Home		Work
Email					

Preferred Method of Communication (please check):

Cell

Home

Work

Email

Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Interests

Why are you interested in volunteering with the International Museum of Art?

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How did you hear about the International Museum of Art?

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Please list the opportunities you would like to be considered for even if it is not on the list (what skills do you want to bring to the IMoA?) \_\_\_\_\_

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## Volunteer Service

Have you volunteered for other organizations within the last 7 years? \_\_\_\_ Yes \_\_\_\_\_ No

Organization Name: \_\_\_\_\_

Briefly describe volunteer services below:

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Organization Name: \_\_\_\_\_

Briefly describe volunteer services below:

\_\_\_\_\_

Contact Name / Phone Number: \_\_\_\_\_

## **Experience / Skills**

Please describe any work, educational, or personal (hobbies, special talents) experience you think might be relevant to our program: (Use additional sheet if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any languages that you speak, read and/or write fluently, in addition to English:

\_\_\_\_\_

## **Release of Claims**

I, for myself, heirs, executors and administrators, hereby personally release, indemnify, save and hold harmless, acquit, forever discharge and waive any claims or causes of action which I may now or hereafter have against the International Museum of Art, other participating agencies, all corporate sponsors and collaborators, and their respective subsidiaries and affiliates and any and all of their officers, directors, trustees, agents, servants, associates, employees, representatives, shareholders, beneficiaries, successors, and assigns, of all liabilities, claims, actions, damages, costs, or expenses which they or I may now or hereafter have arising out of or in any way connected with participation with the International Museum of Art. I understand that this waiver includes any claims based on negligence, action, or inaction of the above parties. I understand that I am assuming the risk for any activities that I participate in.

\_\_\_\_\_

*Signature*

*Printed Name*

*Date*

## **Release for Publication**

During the course of the International Museum of Art experience, there will be occasions when you may be photographed and/or videotaped by staff, sponsors, corporate representatives, media and others. We request permission for your participation. By initialing below, you may choose

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to grant or deny the International Museum of Art permission to use photographs or videotape yourself, alone or in groups, in newspaper articles, newsletters, web-site, online, brochures, special fundraising activities, scrapbook videos and photo albums for use in public understanding and support of the International Museum of Art. By granting permission below, you hereby release and hold harmless the International Museum of Art from any claims, judgments or demands which may arise from the use of the above referenced photographs and/or videotapes.

*(Please Initial)*

YES, I give permission to be photographed and/or videotaped for publication

NO, I deny consent to be photographed and or videotaped for publication.

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*Signature*

*Printed Name*

*Date*

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## Background Verification

The International Museum of Art has my permission to (please check below):

- a) Run a background check on me. \_\_\_\_\_ Yes \_\_\_\_\_ No
- b) Run a motor vehicle records check on me if I elect to provide transportation as part of volunteering. \_\_\_\_\_ Yes \_\_\_\_\_ No
- c) Verify the three references I will provide. \_\_\_\_\_ Yes \_\_\_\_\_ No
- d) Contact prior organizations that I have volunteered with. \_\_\_\_\_ Yes \_\_\_\_\_ No

By signing below, I affirm that I have answered all questions truthfully. I understand that if any portion of this application is found to be intentionally false, I may be denied the right to volunteer for the International Museum of Art. I am responsible for the \$6 fee for the background check and I understand that it is nonrefundable.

*Signature*

*Printed Name*

*Date*