



For office use
Interview: _____
References: _____
Placement: _____
Start date: _____

Volunteer Application

Contact information	Last		First		
	Address: Street			Apt #	
	City		State		Zip
	Phone		Alt. phone		
	e-mail address				
Experience	Prior experience		Special skills, training, personal interests or languages		
Emergency contact	Name:			Phone	
	Address: Street			Apt #	
	City		State		Zip
Volunteer Opportunities	(Please check all that apply)				
	<input type="checkbox"/> Family programs	<input type="checkbox"/> Docent	<input type="checkbox"/> Collections/Exhibitions		
	<input type="checkbox"/> Research	<input type="checkbox"/> Museum store	<input type="checkbox"/> Fundraising		
	<input type="checkbox"/> Special events	<input type="checkbox"/> Office assistance	<input type="checkbox"/> Exhibit prep/installation		
	<input type="checkbox"/> Gardening/Landscaping	<input type="checkbox"/> Marketing	<input type="checkbox"/> Events coordinator		
	<input type="checkbox"/> Classroom support	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Other, please describe:		



Shemer

ART CENTER AND MUSEUM
ASSOCIATION INC

5005 E. Camelback Rd.
Phoenix, Arizona 85018
602-262-4727

Volunteer Skills	<p>(Please check all skills you are willing to volunteer)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Fundraising</td> <td><input type="checkbox"/> Grant Writing</td> <td><input type="checkbox"/> Marketing</td> </tr> <tr> <td><input type="checkbox"/> Office skills</td> <td><input type="checkbox"/> Web site development</td> <td><input type="checkbox"/> Computer assistance</td> </tr> <tr> <td><input type="checkbox"/> Writing / Editing</td> <td><input type="checkbox"/> Customer service</td> <td><input type="checkbox"/> Video / Photography</td> </tr> <tr> <td><input type="checkbox"/> Public speaking</td> <td><input type="checkbox"/> Working with adults</td> <td><input type="checkbox"/> Working with children</td> </tr> <tr> <td><input type="checkbox"/> Classroom assistant</td> <td><input type="checkbox"/> Organization</td> <td><input type="checkbox"/> Working with special needs</td> </tr> <tr> <td><input type="checkbox"/> Exhibition design</td> <td><input type="checkbox"/> Graphic design</td> <td><input type="checkbox"/> Catering</td> </tr> <tr> <td><input type="checkbox"/> Entertainment</td> <td><input type="checkbox"/> Facilitation</td> <td><input type="checkbox"/> Other, please describe:</td> </tr> </table>						<input type="checkbox"/> Fundraising	<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Marketing	<input type="checkbox"/> Office skills	<input type="checkbox"/> Web site development	<input type="checkbox"/> Computer assistance	<input type="checkbox"/> Writing / Editing	<input type="checkbox"/> Customer service	<input type="checkbox"/> Video / Photography	<input type="checkbox"/> Public speaking	<input type="checkbox"/> Working with adults	<input type="checkbox"/> Working with children	<input type="checkbox"/> Classroom assistant	<input type="checkbox"/> Organization	<input type="checkbox"/> Working with special needs	<input type="checkbox"/> Exhibition design	<input type="checkbox"/> Graphic design	<input type="checkbox"/> Catering	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Facilitation	<input type="checkbox"/> Other, please describe:
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Volunteer time	Time available to volunteer each month?																										
	<input type="checkbox"/> 1 – 5 hours / month		<input type="checkbox"/> 6 – 10 hours / month		<input type="checkbox"/> 10+ hours / month																						
	Days available to volunteer	Tue	Wed	Thu	Fri	Sat																					
	Morning (8 am – 1 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
	Afternoon (1 pm - 4 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
	Evening (6 pm – 9 pm)	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	N/A																					
Do you have transportation to/from a volunteer assignment?																											
<input type="checkbox"/> Yes <input type="checkbox"/> No, I will need transportation																											
Special needs	Do you have any special needs or disability of which the Shemer needs to be aware during your volunteer time?																										
	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
If Yes, please explain:																											

Note: further information may be requested in the future if a volunteer task requires more responsibility, e.g., providing transportation for the Shemer, et.al.



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Consent and release information

Please read the following and acknowledge agreement by signature at the bottom of the page.

I, _____ have read and will comply with the following agreement with
Print name
The Shemer Art Center and Museum (“Shemer”)

- (1) I certify that all volunteer information is true to the best of my knowledge and any misrepresentations may be cause for refusal of placement in a volunteer position. I give the Shemer authorization to investigate all matters contained in this application. I understand that it is my responsibility to keep the Shemer advised about changes to contact or emergency information.
- (2) I agree to obey all rules and procedures established by the Shemer.
- (3) I further understand that I am a volunteer and therefore not entitled to any benefits which are provided to employees of the Shemer and that I will be fulfilling volunteer responsibilities without receiving a salary or hourly wage.
- (4) By signing this Agreement, I realize that I am a voluntary participant in a Shemer volunteer event and accept that there are potential inherent dangers and hazards involved in any participation in this event. By my signature below I hereby accept those dangers and hazards and do hold harmless and release the Shemer, all sponsoring organizations (including their officers, employees, members and agents, and all other volunteers) of the Shemer from all liability for injuries or damages whatsoever which may arise out of or be connected with my participation in this event, and all activities related to it.
- (5) I further consent to the unrestricted use or reproduction by the Shemer and/or any person authorized by them of any and all photographs, recordings, interview, videotapes, motion pictures or similar visual or auditory recording of me created in connection with volunteering at the Shemer, without compensation to me.
- (6) I hereby certify that I am 18 years of age or older. If I am under age 18, I understand that my parent or guardian must agree and sign also.

Volunteer

Date

Parent or legal guardian (if volunteer is under 18)

Date

Representative of the Shemer

Date

Title