



AMERICA'S CAR MUSEUM®

YOUTH VOLUNTEER APPLICATION

Volunteer Information

Name: _____ DOB: _____

Street Address: _____

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

Cell Number _____

Email Address: _____

Education: _____

Previous Volunteer Experience

References

Name: _____ Relation: _____

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

Name: _____ Relation: _____

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

Name: _____ Relation: _____

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

Emergency Contact

Name: _____ Relation: _____ Phone: _____

Are you or your family a Member of the LeMay –AMERICA'S CAR MUSEUM? _____ Yes _____ No

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

I am interested in the following Volunteer Activities

- Docent/Tour Guide
- Collection Monitor
- Pit Crew
- Greeter

- Office /Administrative Assistant
- Photo Booth Attendant
- Other:
- _____

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:

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, indemnify, 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 acknowledged 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 will 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 ago, 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, 2702 EAST D ST, TACOMA, WA 98421.**



AMERICA'S CAR MUSEUM

MINOR RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

(READ CAREFULLY BEFORE SIGNING)

IN CONSIDERATION of being allowed to volunteer at LeMay – America’s Car Museum, and/or being permitted to enter any restricted areas within the Museum (defined as any area wherein admittance to the general public is limited or prohibited) I _____, being the parent or legal guardian of the Minor Participant, _____, hereby release, indemnify, and hold harmless LEMAY-AMERICA’S CAR MUSEUM, its partners, affiliates, employees, supervisors of all activities, sponsors, and all other representatives of the Museum (herein referred to as "RELEASEES"), from any and all claims, liability, and damages (including court costs and attorney’s fees) in connection with any injury, property damage, or adverse effects (including if deemed to be caused by negligence), in conjunction with my child’s volunteer experience and time within the Museum. I acknowledge that there are certain foreseeable and unforeseeable risks associated with participating in any event, program, or volunteer experience, including but not limited to, illness and injury, and that all risks are understood and accepted by me as the minor’s legal guardian.

On behalf of the participant and individually, the undersigned parent(s) and/or legal guardian(s) for the Minor-participant executes this RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT. I further declare that the terms within this RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT shall be binding on the undersigned, my/our personal representatives, assigns, executors, heirs, and next of kin for any and all claims, demands, losses, damages, court costs, and attorney fees. If, despite this release, the participant, or any of the aforementioned makes a claim against any of the RELEASEES, the parent(s) and/or legal guardian(s) will reimburse the RELEASEES and their insuring company for any money which they have paid to the participant, on behalf of the participant and court costs and lawyer’s fees, and hold all RELEASEES harmless.

I certify that my child (the Minor Participant) is in good health and able to participate in the volunteer activity.

I also permit the use of any photos, slides, films, or sketches of him/her (the Minor-Participant) taken during volunteer activities for publicity, advertising, promotion, or other commercial purpose.

I/WE HAVE READ THE ABOVE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, AND UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT. ACCORDINGLY I/WE SIGN IT VOLUNTARILY WITHOUT INDUCEMENT. IT IS FURTHER ACKNOWLEDGED IF ANY PORTION OF THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT IS FOUND TO BE UNENFORCEABLE IN A COURT OF LAW, ALL OTHER PARTS SHALL REMAIN INTACT AND ENFORCEABLE.

_____ SIGNATURE OF PARTICIPANT	_____ PRINTED FULL NAME OF PARTICIPANT	_____ DATE
_____ SIGNATURE OF PARENT/LEGAL GUARDIAN	_____ PRINTED FULL NAME OF PARENT/LEGAL GUARDIAN	_____ DATE