



# AMERICA'S CAR MUSEUM®

## ONGOING VOLUNTEER APPLICATION

### Volunteer Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Cell Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Education: \_\_\_\_\_

Previous Volunteer Experience \_\_\_\_\_

Circle One:      Shirt Size: Men: XS / S / M / L / XL / 2XL / 3XL      Ladies: S / M / L / XL

### References

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 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

- |  |   |
|--|---|
| <input type="checkbox"/> Docent/Tour Guide                                   | <input type="checkbox"/> Greeter                          |
| <input type="checkbox"/> Collection Monitor                                  | <input type="checkbox"/> Office /Administrative Assistant |
| <input type="checkbox"/> Pit Crew  | <input type="checkbox"/> Photo Booth Attendant            |
| <input type="checkbox"/> Events Specialist                                   | <input type="checkbox"/> Museum Educator for K-12         |
| <input type="checkbox"/> Vehicle Cleaning and Upkeep (Collection Management) | Other:  |
|  | <input type="checkbox"/> _____                            |

**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:**

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Are you a car collector? If so, do you belong to any affiliate organizations, auctions or clubs?

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**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.

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Have you ever been convicted of any crime, including any crime involving harm to another individual, or any crime against children or other vulnerable populations?  YES  NO

If yes, please explain\_\_\_\_\_

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Note that a conviction will not necessarily bar the ability to volunteer.

**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 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. \*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 WITH A PHOTOCOPY OF YOUR DRIVER LICENSE OR OTHER CURRENT LEGAL FORM OF ID.**



# AMERICA'S CAR MUSEUM

## Ongoing Volunteer Background Authorization Form

Dear Volunteer Candidate:

We appreciate your interest in serving as a volunteer with **LEMAY-AMERICA'S CAR MUSEUM (ACM)**.

Volunteers are an important part of the museum's infrastructure and are vital to the success of the Museum. We treasure your willingness to share your talents and time to advance the mission and vision of the Museum. As a volunteer at ACM, you will have the opportunity to interact with a variety of individuals ranging from employees to fellow volunteers and guests.

In order to exercise due diligence in providing a safe environment for all and to foster a relaxed and fun atmosphere, ACM performs a standardized background check on all volunteers and employees. The safety of all individuals is paramount to ACM's operations and we appreciate your willingness to support these efforts by participating in the background clearance process necessary to become an ongoing volunteer.

The standardized check includes a public record criminal history check, a National Sex Offender Registry check, and two personal reference checks. Convictions will not necessarily disqualify an individual as each conviction will be assessed individually, relevant to volunteer services within ACM. **We do not investigate an individual's financial background.**

### Statement of Acknowledgement and Authorization

I \_\_\_\_\_ release **LEMAY-AMERICA'S CAR MUSEUM**, its partners, and representatives

NEATLY PRINT NAME ABOVE

from all claims, liabilities, and damages (including court costs and attorney's fees) arising from the result of the authorized background checks.

\_\_\_\_\_

**Signature of Release**

\_\_\_\_\_

**Date**

The following information is necessary for ACM to complete the background check process. We appreciate your willingness to complete this form in partnership with Museum's mission and vision.

**Current Legal Name:** \_\_\_\_\_

FIRST

MIDDLE

LAST

**Previous Legal Name:** \_\_\_\_\_

FIRST

MIDDLE

LAST

**Other Names:** \_\_\_\_\_

FIRST

MIDDLE

LAST

**List Your Current Address:** \_\_\_\_\_

\_\_\_\_\_

**County of Current Address:** \_\_\_\_\_

**Years lived at current address:** \_\_\_\_\_ Years and \_\_\_\_\_ Months

\_\_\_\_\_

DRIVER LICENSE NUMBER

STATE

DATE OF BIRTH

\_\_\_\_\_

CURRENT PHONE NUMBER

EMAIL ADDRESS

By my signature below, I signify receipt of the foregoing disclosure and my authorization to conduct a background check as disclosed within this disclosure and authorization form. Also by signing this form, I am stating that all information that I have provided within this form is accurate and truthful. Furthermore, I understand that providing false or misleading information may lead to termination of volunteer service with LeMay – America's Car Museum.

\_\_\_\_\_

**Printed Name of Applicant**

\_\_\_\_\_

**Signature of Authorization**

\_\_\_\_\_

**Date**