

# AMERICA'S AUTOMOTIVE *Trust*

## ONGOING VOLUNTEER APPLICATION

### I AM INTERESTED IN VOLUNTEERING FOR THE FOLLOWING ENTITIES

LeMay – America's Car Museum     RPM Foundation     Club Auto

### VOLUNTEER INFORMATION

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

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

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

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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

Education & Special Skills: \_\_\_\_\_

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

Circle One: Shirt Size: Men - S | M | L | XL | 2XL | 3XL    Women: - S | M | L | XL | 2XL | 3XL

### 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: \_\_\_\_\_

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
- Greeter
- Ambassador
- Collection Monitor
- Office/Administrative Assistant
- Other: \_\_\_\_\_
- Pit Crew
- Photo Booth Attendant
- \_\_\_\_\_
- Museum Educator

**LIST ANY SKILLS OR EXPERIENCE THAT MIGHT BE RELEVANT OR THAT YOU WOULD LIKE TO DEVELOP WHILE VOLUNTEERING**

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**AVAILABILITY (Please check days that you are generally available to volunteer)**

- Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday

Have you ever been convicted of any crime, including any crime involving harm to another individual or any crime against children or other vulnerable population?  Yes  No    If yes, please explain: \_\_\_\_\_

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

**VOLUNTEER RELEASE**

**Liability Disclaimer:** I hereby release, indemnify, and hold harmless America's Automotive Trust and its affiliates, 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 America's Automotive Trust and/or its affiliates. I acknowledge that there are certain foreseeable and unforeseeable risks associated with participating in any event or program and all such risks are understood and appreciated by me. I realize that it is my responsibility to ensure my physical and mental capabilities are sufficient for the activities for which I volunteer and that I will notify America's Automotive Trust and/or its affiliates if I am unable to fulfill my volunteer role. I certify that I am over eighteen years of age and competent to enter in to this release. 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 America's Automotive Trust and its affiliates ,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 America's Automotive Trust and its affiliates. 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, Last])

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Volunteer)

**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 AUTOMOTIVE *Trust*

## ONGOING VOLUNTEER BACKGROUND AUTHORIZATION FORM

Dear Volunteer Candidate:

We appreciate your interest in serving as a volunteer with America's Automotive Trust (AAT) and its entities, LeMay – America's Car Museum, RPM Foundation, Club Auto and Concours Club.

Volunteers are an important part of the museum's infrastructure and are vital to the success of the Trust. We treasure your willingness to share your talents and time to advance the mission and vision of the Trust. As a volunteer for AAT, 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, AAT performs a standardized background check on all volunteers and employees. The safety of all individuals is paramount to AAT'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 AAT. **We do not investigate an individual's financial background.**

### STATEMENT OF ACKNOWLEDGMENT AND AUTHORIZATION

I \_\_\_\_\_ release America's Automotive Trust, its entities, its  
First & Last Name  
partners and representatives from all claims, liabilities, and damages (including court costs and attorney's fees) arising from the result of the authorized background checks.

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Signature of Release

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Date

The following information is necessary for AAT to complete the background check process. We appreciate your willingness to complete this form in partnership with Trust'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 address: \_\_\_\_\_ Years and \_\_\_\_\_ Months

\_\_\_\_\_  
Driver's 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 America's Automotive Trust.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Authorization

\_\_\_\_\_  
Date