

DESERT CABALLEROS WESTERN MUSEUM

Arizona's Most Western Museum

21 N. Frontier Street • Wickenburg, AZ 85390 • 928-684-2272 • info@westernmuseum.org

VOLUNTEER APPLICATION FORM

Today's Date _____
Title: _____ (Mr. Mrs. Ms. Dr...)
First Name: _____ MI: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Wk. Phone: _____
Fax: _____ Cell Phone: _____
Email: _____
Date of Birth: Month- _____ Day- _____
Emergency Contact: _____
Relationship- _____ Phone-Home _____ Cell _____
Doctor's Name _____ Phone _____

I authorize medical care to be given by emergency room staff in case of an emergency. In the event of a medical emergency the volunteer will be transported by ambulance to an emergency room. Every effort will be made to notify the emergency name and number.

RELEASE OF LIABILITY

In consideration of accepting this application, I hereby, for myself, my executors, administrators and heirs, waive and release any and all rights and claims for damages I may have against the Maricopa County Historical Society's Desert Caballeros Western Museum and its representatives, successors and assigns for any and all injuries suffered by myself at any activity sponsored by the Maricopa County Historical Society's Desert Caballeros Western Museum. I further acknowledge that my participation in all activities is permitted only upon my execution of this instrument and that my participation is purely voluntary.

Signature _____ Date _____

Interested In (Check all that apply):

- Admissions Desk Museum Stores Monitor Artifact Cataloguing Library
- Exhibit Installation Inventory Docent/Tour Guide Carpentry/Building Maintenance
- Learning Center/Admissions Mailings Office Assistance Computer Data Entry
- Telephone Reception Desk/Administration Gardening/Landscaping
- Teacher assistants Festivals Assist with presentations Educational programs

Currently Working: Full Time: _____, Part Time: _____, Retired: _____.

Days Available (Please circle all that applies): SUN. MON. TUES. WED. THURS. FRI. SAT.

Comments: _____

Months Available (Please circle all that applies):

JAN. FEB. MAR. APR. MAY JUNE JULY AUG. SEPT. OCT. NOV. DEC.

Comments: _____

Why do you wish to volunteer for the Desert Caballeros Western Museum?

Previous and Current Professional Experience:

Previous and Current Volunteer Experience:

Other experience working with children and the public:

How did you learn of the Desert Caballeros Western Museum Volunteer Program?

As a volunteer of the Desert Caballeros Western Museum, I agree:

To fulfill all the required training, to be prompt and reliable in reporting for scheduled work, to fulfill all the expectations of volunteering, and to commit to at least one year of service to Desert Caballeros Western Museum. While volunteering for Desert Caballeros Western Museum, I understand that I am not covered by Worker's Compensation insurance and I assume full responsibility for any and all bodily injury damage to and or loss of personal property sustained during time engaged in volunteer activities.

Signature: _____ **Date:** _____