



LeMay Collections
AT MARYMOUNT

VOLUNTEER LIABILITY DISCLAIMER & COMMUNICATIONS RELEASE FORM

LIABILITY DISCLAIMER: I hereby release indemnity, and hold harmless the LeMay Family Collection Foundation, the organizers, the agency at which I volunteer and 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 the LeMay Family Collection Foundation. 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 the 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 am competent to enter into 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.

COMMUNICATIONS 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 the LeMay Family Collection Foundation or its agency(ies) and collaborator(s). I hereby authorize the editing, duplication, reproduction, copyright, exhibition, broadcast and/or nonprofit use and distribution of said recording(s) for purposes deemed suitable by the LeMay Family Collection Foundation.

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 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.

VOLUNTEER SIGNATURE:

Date:

PARENT/GUARDIAN
SIGNATURE

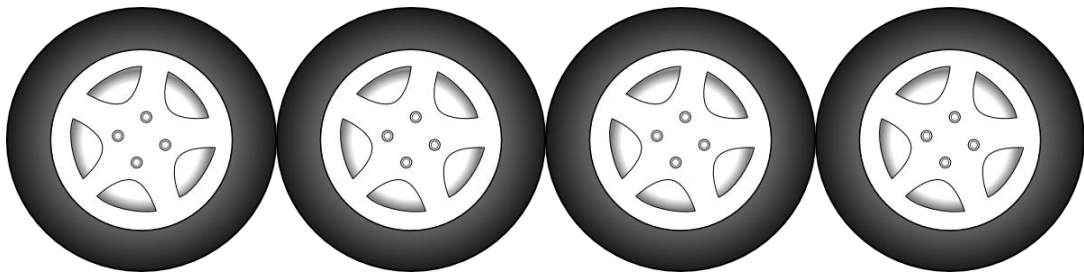
(If Volunteer is under age 18):

Date:



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VOLUNTEER APPLICATION



Volunteers Make It Happen!



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AT MARYMOUNT

Name: _____ Gender: (M) (F) _____

Address: _____ Primary Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Date of Birth: _____ Primary Email Address: _____

EMERGENCY CONTACT INFORMATION

Name:	Relation:	Phone:
Name:	Relation:	Phone:

How did you learn about the LeMay Collection? _____

I am interested in the following types of volunteer activities (Please check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Docent/Tour Guide Program | <input type="checkbox"/> Vehicle Cleaning & Collection Upkeep | <input type="checkbox"/> Room Monitoring |
| <input type="checkbox"/> Event Support | <input type="checkbox"/> Retail Assistance | <input type="checkbox"/> Parking/Traffic Control |
| <input type="checkbox"/> Booth Specialist/Community Outreach | <input type="checkbox"/> Office/Administrative Assistance | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> Vehicles - Light Maintenance | | |

Do you have a WA State CDL License or experience driving a truck & trailer? ☆ YES NO

Please list any other skills or experience you have that might be relevant to volunteer activities with the LeMay Collection:

I am available (Please check all that apply):

- | | | | |
|---|---------------------------------------|---|--|
| <input type="checkbox"/> Sunday _____ | <input type="checkbox"/> Monday _____ | <input type="checkbox"/> Tuesday _____ | <input type="checkbox"/> Wednesday _____ |
| <input type="checkbox"/> Thursday _____ | <input type="checkbox"/> Friday _____ | <input type="checkbox"/> Saturday _____ | |

What collector vehicles or other collections do you own that may be of interest to the museum? _____

Are you member of any local or national vehicle clubs or organizations?

Do you already attend any specific local car shows or events where you would be willing to represent the Foundation?



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Do you have any physical limitations/problems that may affect your ability to perform job functions? (ie. Lifting, Sitting, Standing, Walking, Hearing, Vision, etc.):

Are you currently taking any medication that would impact your ability to drive or work on or around a vehicle or equipment?

NO YES (*Please explain*)

Do you have any specialized training such as First Aide, CPR etc? Yes No _____

Please provide 3 character references:

- | | |
|---|---|
| <p>1) Name of Reference: _____</p> <p>How long have you known each other (years): _____</p> <p>Reference Residence (city & state): _____</p> <p>Reference Phone Number: _____</p> | <p>Relation to Applicant: _____</p> <p>Best time to call: _____</p> <p>Alternative: _____</p> |
| <p>2) Name of Reference: _____</p> <p>How long have you known each other (years): _____</p> <p>Reference Residence (city & state): _____</p> <p>Reference Phone Number: _____</p> | <p>Relation to Applicant: _____</p> <p>Best time to call: _____</p> <p>Alternative: _____</p> |
| <p>3) Name of Reference: _____</p> <p>How long have you known each other (years): _____</p> <p>Reference Residence (city & state): _____</p> <p>Reference Phone Number: _____</p> | <p>Relation to Applicant: _____</p> <p>Best time to call: _____</p> <p>Alternative: _____</p> |

OFFICE OF LEMAY FAMILY COLLECTION FOUNDATION - INTERNAL USE ONLY

Review Status: Accepted Declined

Review Signature:	Date:
Entered in Database:	Date:
Orientation:	Date:
Docent Training:	Date:
Mentor:	