

YELLOWSTONE ART MUSEUM

Volunteer Application

Yellowstone Art Museum
401 N. 27th St.
Billings, MT. 59101
406-256-6804

Please print your answers, except where signature is required. Complete the application in full.

PERSONAL INFORMATION (Please Circle):

Adult (18+) Teen (13-17) Child (under 12, volunteering with an adult)

Mr. Ms. Mrs. Miss.

Name: (last, first, middle) _____

Date of Birth:(month/date/year) _____

Street Address: _____

City, Zip: _____

Phone: _____

E-mail Address: _____

Are you a Museum member? Yes No Are you related to a Museum volunteer or staff member? _____

The Museum may contact me regarding membership, special events, or giving programs that support the Museum. Yes No

EMERGENCY CONTACT INFORMATION (please provide address and phone numbers):

Full Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail Address: _____

Street Address: _____

City, State, Zip: _____

EDUCATION INFORMATION:

High School: _____

Date of Graduation: _____

Undergraduate School: _____

Degree: _____ Major: _____

Graduate School: _____

Degree: _____ Major: _____

Post Graduate School: _____

Degree: _____ Major: _____

Other: _____

If you are currently in elementary, middle or high school level:

School Name: _____

Grade: _____

EMPLOYMENT INFORMATION (if retired or not employed, please list your last place of employment):

Student Employed Not Employed Not Employed at this time Retired

Employer:

Department: _____ Title:

Street Address: _____ City,
State, Zip: _____

My employer offers a donor matching program: Yes No

AVAILABILITY TO VOLUNTEER

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings						
Afternoons						
Evenings						

Comments on Availability _____

HOW DID YOU HEAR ABOUT VOLUNTEERING at The Yellowstone Art Museum

VOLUNTEER POSITIONS OF INTEREST (Please select your top three volunteer jobs and the reason. Jobs can be selected from the volunteer job list or the Museum website)

1. _____ Reason: _____

2. _____ Reason: _____

3. _____ Reason: _____

GENERAL SKILLS (Circle all that apply)

Administrative
Customer Service
Fundraising
Graphic Design
Library/Archives
Marketing
Public Speaking

Special Events
Teaching
Tour Guides
Writing/Editing
Other (please specify)

Computer Skills:

Databases
Design Applications
Spreadsheets
Word Processing
Other (please specify)

Language Skills:

American Sign Language
Foreign Language (please specify)

Have you ever been convicted of any law violation (except minor traffic violations)?

Yes No

If so, please provide details:

AUTHORIZATION FOR BACKGROUND CHECK (to be completed by applicants over 18)

As an applicant for a volunteer position with The Yellowstone Art Museum, I realize that a thorough background investigation is conducted to qualify me for volunteering.

I understand that the Yellowstone Art Museum must verify my date of birth and social security number. I am mailing my application, background check consent form and a photocopy of government issued photo ID. I will present my ID and Social Security Card to Museum staff for verification prior to becoming a Museum volunteer.

I hereby authorize the release of any information relating to my criminal history, driving record, and any additional specific information relating to the position that I am applying for, unless restricted by law. This authorization is made voluntarily, for the purposes of volunteering only, and information should be given only in response to an authorized request from the Yellowstone Art Museum.

Authorization by: Full name (First, Middle, Last):

Male Female Date of Birth: _____ Social Security No: _____

RELEASE FROM LIABILITY FOR MINOR (To be completed by guardian of applicants under 18)

By signing this release, you are waive your right, and the right of the Minor Child Participant you represent, to hold the Museum and its trustees, officers, employees, volunteers, independent contractors, representatives and agents (the "Museum People"), liable for any injury or loss suffered by you or the Minor Child Participant during the program. This means that by signing this Release of Liability, you, and the Minor Child Participant you represent, give up the right to make demand upon the Museum and the Museum People for payment of any damages suffered by you or the Minor Child Participant during the program, whether such damages are caused by physical injury, loss of property, acts of a third party, or any other case whatsoever. This Release From Liability executed on behalf of the Minor Child Participant does not release his/her prospective claims against a person or entity for a willful and wanton act or omission, a reckless act or omission or a grossly negligent act or omission. By signing this Release From Liability on behalf of a Minor Child Participant, you represent that you are the parent of legal guardian of the

Minor Child Participant, whose name is _____ and that you are acting in that capacity when you release the Museum and the Museum People, as set forth in this agreement, from any liability for any damage or injury suffered by the Minor Child Participant while participating in the Museum's volunteer program.

Full name parent or guardian: _____ Date: _____

SIGNATURE (Signature of guardian for applicant under 18 is required)

I certify that the information provided in the Volunteer Application is true and correct, and has been given voluntarily. I understand that volunteer placement is a selection process and not all applicants are accepted into the program. I understand the Museum reserves the right to place volunteers in the area Museum staff feel is best suited to my skills and the needs of the Museum. I have read and understand the Authorization for Background Check, and Release from Liability.

Signature of Applicant / Date

Signature of Parent or Guardian if under 18 Date
