



*For Internal Use Only:*

Application	
Liability Release	
Photo Release	
Sign-In	
Past Perfect	
Outlook- Email	
Bday List	
Training & Manual	
Constant Contact	
Badge	

## Adult Volunteer Application

\* Adult Volunteers must be a minimum 18 years of age.

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

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

Phone (Home) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Email: \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Availability: Weekday: \_\_\_\_\_

Weekend: \_\_\_\_\_

Birthday (Month/Day) \_\_\_\_\_

Please, check what museum volunteer work you might be interested in:

- |  |   |
|--|---|
| <input type="checkbox"/> Museum Greeter<br><input type="checkbox"/> Museum Tour Guide<br><input type="checkbox"/> Education Programs<br><input type="checkbox"/> Office Assistant<br><input type="checkbox"/> Fundraisers<br><input type="checkbox"/> Events<br><input type="checkbox"/> Gift Shop Assistant | <input type="checkbox"/> Collections<br><input type="checkbox"/> Archives<br><input type="checkbox"/> Exhibits<br><input type="checkbox"/> Design<br><input type="checkbox"/> Research<br><input type="checkbox"/> Library<br><input type="checkbox"/> Facility |
|--|---|

Special interests, hobbies or skills: \_\_\_\_\_

\_\_\_\_\_

What is your previous volunteer experience? \_\_\_\_\_

\_\_\_\_\_

**Please complete: Waiver, Release and Assumption of Risk; Consent and Waiver for Use of Sound Recording, Image and Likeness; and Emergency Contact Information on back side.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return application forms to:* Museum On Main, 603 Main Street, Pleasanton CA 94566  
*For more information call 925-462-2766 or go to [www.museumonmain.org](http://www.museumonmain.org)*



**WAIVER, RELEASE AND ASSUMPTION OF RISK  
CONSENT AND WAIVER FOR USE OF SOUND RECORDING, IMAGE AND LIKENESS**

The Museum On Main/Amador-Livermore Valley Historical Society is sponsoring the following activity:

**MUSEUM ON MAIN ADULT VOLUNTEERS**

I voluntarily agree to my participation in this activity. I am physically fit to participate in this activity. I understand that this activity involves risks and that serious injuries could occur while I am participating in this activity. In addition, if transportation is provided to the activity, serious injuries could occur. Knowing these risks, I want to participate in this activity.

I acknowledge and consent that photographs and other pictorial works, motion pictures, videos, and other audiovisual works, sound recordings, musical works, dramatic works, and/or pantomimes and choreographic works of or made by me ("Works") may be made during the activity, and that my voice, image, and likeness may be recorded and reproduced in the Works and related informational and/or promotional material ("Related Materials"). I also acknowledge and consent to my name being identified in the Works and Related Materials, and that the Works and Related Materials may be publicly promoted and distributed in many ways, including, but not limited to the Museum On Main's website, brochures, and flyers.

I acknowledge and consent that I will not be compensated for the Works and Related Materials, the Museum On Main exclusively owns all rights to the Works and Related Materials, and the Museum On Main may use them at its discretion.

I hereby assume the risk, and hereby waive, release and hold harmless the Museum On Main, its officials, employees, agents, sponsors, promoters, and assigns of this activity, for any and all claims, liability, cost, expense, including attorneys' fees or cause of action for defamation, invasion of right to privacy, publicity, or personality or any similar matter which I or my heirs, assigns, executors or administrators may have or which may accrue to me, arising out of my participation in this activity, including transportation to or from the activity or the use of the Works and Related Materials.

I have read the above, understand that important legal rights are being waived, and sign it freely and voluntarily.

Name of Participant: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact Information:**

People to Contact in Case of Emergency:

Name: \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Name: \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Medical Plan: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Medical Plan: \_\_\_\_\_

Special Medical Needs/ \_\_\_\_\_

Medications/Allergies: \_\_\_\_\_