



**THE DELAWARE
CONTEMPORARY
VOLUNTEER APPLICATION**

NAME: _____ DATE: _____

EMAIL: _____ PHONE: _____

ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE: _____

How did you hear about volunteering with us? _____

What do you hope to gain from your volunteer experience? _____

SKILLS & INTERESTS

Educational Background: _____

Current Job: _____

Hobbies, skills & interests: _____

VOLUNTEER PREFERENCES

Education ___

Events ___

Marketing ___

Visitors Services ___

Development ___

Curatorial ___

Guide/Docent ___

Adult Programs ___

Children's Programs ___

AVAILABILITY

I am flexible ____ Weekdays ____ Weekends ____
Days ____ Evenings ____ Other _____
How often would you like to volunteer? ____ /week or ____ /month

BACKGROUND

REFERENCES

Name	Relationship	Phone
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Name	Relationship	Phone
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Are you willing to submit to a background check to work with children under 18? _____

Do you have any physical limitations that might limit your ability to perform certain jobs? _____

VOLUNTEER RELEASE FROM LIABILITY

I recognize that as a volunteer I represent the above organization to the public. I will conduct myself in a professional manner. I am aware that as a volunteer I may be exposed to potential hazards, which could include cuts, kitchen accidents or falls. I am voluntarily participating in this service with the knowledge of the potential hazards and hereby agree to accept any and all risks of injury. I hereby release The Delaware Contemporary from all actions, claims or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have for injury resulting in my participation as a volunteer.

Signature	Date
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