

VOLUNTEER APPLICATION

Date:		
Legal Name (please provi	de copy of ID):	
Preferred name:	DOB (mm/dd/yyyy):	
Phone:	Email:	
Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:
AREA(S) OF INTEREST (please check all that apply)	
☐ Curatorial	☐ Special Events	☐ Tour Guide
☐ Marketing	☐ Youth Programs	☐ Facilities/Operations
☐ Administration	☐ Public Programs	☐ Exhibits
☐ Membership	☐ Fundraising	
AVAILABILITY		
Hours: Monday Tuesda	ay Wednesday Thursday I	Friday Saturday Sunday
am		
pm		
evening		
Frequency you are able	e to volunteer daily _	weeklymonthly
PLEASE TELL US A LITTL	E BIT ABOUT YOURSELF	
Educational Training &	Background (Please attach	resume if you wish)

Other applicable experience, work or otherwise			
Do you have experience bartending, and are you trained in how to safely serve			
liquor?			
When were you last trained?			
Please attach a certificate of completion of any training you have.			
Computer literacy			
Organizational and/or writing skills			
Background in visual/performing arts			
In which ways do you feel that you could best contribute to the museum?			
What aspects of the museum are you hoping to explore during the course of your			
training?			
How did you hear about volunteering at BMoCA?			
Why do you want to volunteer with us?			
Do you have any previous volunteer experience?			

Do you have any experience working with children?	
What did you like/dislike the most about your last volunteer position?	
What are some skills or personal qualities that you think will help you with this pos	sition ?
Have you ever participated (attended or been part of) anything here at BMoCA?	
Are you interested in Docent training to give tours to the public on Saturdays and/oweekdays if you are available?	or

Thank you for applying! We will contact you shortly.

EMERGENCY CONTACT INFORMATION

Emergency Contact #1

Name: ______ Phone #1: _____ Phone #2: ______
Emergency Contact #2

Name: ______ Relationship: ______
Phone #1: _____ Phone #2: _____
Do you have any existing medical conditions you would like us to know about? Please circle one:
Yes No
If yes, please explain: ______
Please list any other information you would like us to know: ______

WAIVER OF LIABILITY

As a volunteer at Boulder Museum of Contemporary Art, I (print name),
, agree to the following policies and terms:
1. I exempt Boulder Museum of Contemporary Art, its employees and other authorized volunteers from all claims arising from my participation.
2. I understand that my participation is voluntary, and that by participating as a volunteer, such participation potentially involves risks and obligations that are impossible to predict. These may include, but are not limited to: the risk of loss or damage to personal property, the risk of sickness or personal injury while participating in the workshop.
3. Boulder Museum of Contemporary Art personnel are not authorized to administer medication of any sort.
4. All volunteers must provide Boulder Museum of Contemporary Art with an emergency phone number where an emergency contact person can be reached during the volunteer's time.
8. I understand that Boulder Museum of Contemporary Art does not purchase, or have any medical, dental or hospitalization insurance to cover injuries to or loss of life of volunteers, or to indemnify volunteers for expenses in connection therewith, and that such insurance, if desired, must be purchased and provided by the volunteer.
Signed Date
(Volunteer)
PHOTOGRAPHY CONSENT
I hereby grant Boulder Museum of Contemporary Art the right to use my image for program or public relations purposes only.
Signed Date
(Volunteer)