

MUSEUM OF VENTURA COUNTY

Volunteer Application

Event/Program: _____ Date: _____

Staff Supervisor: _____ Start/End Time: _____

Volunteer Information

Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

I am over 18 yrs. old (if not, a parent/guardian must sign a Youth Volunteer Consent & Release Form)

Put me on the list to hear about more opportunities to volunteer with the Museums

My Availability is:

_____ hours per week. These dates/times work best for me: _____

Emergency Contact Information

In case of accident, injury, or illness, I hereby authorize Museum representatives to arrange for emergency medical care and to notify the person named below:

Name: _____ Phone No.: _____

Volunteer Liability Release

In connection with my voluntary involvement in activities undertaken for, and with the participation and support of the Museum of Ventura County and Agricultural Museum (collectively known as "MVC"), a non-profit charitable organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge MVC, its officers, directors, employees, agents and volunteers from all claims, demands and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold MVC, its officers, directors, employees, agents and volunteers harmless from any cause of action, claim, or suit arising there from. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release.

I understand that any materials I produce for the Museum, including graphic materials, narratives, research, etc., becomes the property of the Museum upon submission. I grant permission for my image, picture and/or likeness to be used in the Museum's promotional and educational materials.

Signature of Volunteer

Date