

Volunteer Application - Arizona-Sonora Desert Museum

Volunteers must be **16 years or older** to volunteer at the Arizona-Sonora Desert Museum; persons under the age of 16 must volunteer alongside a parent/guardian (or participate in the [Junior Docent program](#).)

Personal Details

Applicant's Name

Birthdate

Street Address Apt. #

City State Zip

Preferred Phone # Cell Phone

Email Address

Emergency Contact
(Name, Number, Relationship)

For applicants under the age of 18,
please provide parent/guardian contact
information

Name:
Phone:
Email:

Volunteering at ASDM

Have you volunteered with ASDM
before? Yes No
If so, when?
Which department(s)?

How did you hear about this opportunity?

Why would you like to volunteer at ASDM?

What specific volunteer position are you interested in?

Please be aware that certain fees may apply, depending on the volunteer position (e.g. volunteer t-shirts, docent tuition)

How many months can you commit to volunteering?

When are you available to volunteer?

Sunday From: To:

Monday From: To:

Tuesday From: To:

Wednesday From: To:

Thursday From: To:

Friday From: To:

Saturday From: To:

Personal Background

Please list your skills that are relevant to the position:

What are your hobbies and interests?

Please list the computer software that you feel comfortable working with:

Employment Background

Are you currently employed?

Yes No

Most Recent Work Experience

Employer

Dates of Employment

Position Title

Most Recent Volunteer Experience

Organization

Dates of Service

Duties

Educational Background

Are you currently in school?

Yes No

If yes, what are you studying?

and where/what school?

If no, what is the highest level of school you've completed?

What did you study?

For Desert Museum, Gift Shop and Ironwood Staff only

Are you currently a paid staff member?

Yes No

If yes, what department?

If no, when were your dates of employment?

Before checking the following boxes, make sure you fully understand the contents, meaning, and impact of the releases.

I give ASDM permission to release information about my participation in the Volunteer Program; information that might be solicited on my behalf for reference purposes. Such information might include, but not limited to: length of service, volunteer responsibilities and quality of participation.

I hereby grant Arizona Sonora Desert Museum permission to use my likeness in a photograph or other digital reproduction in any and all of its publications and advertisements, including website entries and television commercials, without payment or any other consideration. I understand and agree that these materials will become the property of Arizona Sonora Desert Museum and will not be returned. I hereby irrevocably authorize Arizona Sonora Desert Museum to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing its programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge Arizona Sonora Desert Museum from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

By checking this box, I guarantee that the information provided in this application is true and correct. I also acknowledge that the Desert Museum's insurance will not cover me in the unlikely event of an accident or injury while volunteering. The Museum's commercial general liability insurance covers claims against volunteers by third parties, but your own health and property insurance must cover any claims for bodily injury or loss of damage to personal property that might incur while volunteering with us.

Check this box if you would like to receive the Desert Museum's bi-weekly newsletter.

For grant purposes, please feel free to select the ethnicity you most identify with:

If the person completing this form is under the age of 18, there must be consent by a parent or guardian, as follows: I hereby certify that I am the parent or guardian of

, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Guardian's Name:

Submit Application