

Please complete this application form if you are interested in becoming a Arizona-Sonora Desert Museum volunteer. Once you complete the form, click the submit button at the bottom. Volunteers must be 16 years of age or older to volunteer; persons under the age of 16 must volunteer alongside a parent/ guardian (or participate in the Junior Docent program).

Applicant's Name

First name *

Last name *

Nickname

Title

Dr.

Mr.

Mrs.

Ms.

Mx.

Pronouns

Personal Details

Street 1 *

City *

State *

Zip *

Home

Cell *

Email address *

Date of birth *

Age

Education

- Associate degree College degree Doctoral degree High school
- Masters degree Some college Trade/Vocational school

What kinds of emails would you like to receive?

- Volunteer Updates
- Volunteer Opportunitites
- Important Information

Volunteering at ASDM

What specific volunteer position are you interested in?

Availability

Please check the days and shifts you are available. *Please note we are only open at night for Cool Summer Nights and Special Events.

Sunday

- Morning Afternoon Evening

Monday

- Morning Afternoon Evening

Tuesday

- Morning Afternoon Evening

Wednesday

- Morning Afternoon Evening

Thursday

Morning Afternoon Evening

Friday

Morning Afternoon Evening

Saturday

Morning Afternoon Evening

My availability is *

Ongoing Ongoing, except between these dates Only between these dates

From *
____/____/____

to *
____/____/____

How many months can you volunteer?

Personal Background

Please list your skills that are relevant to the position:

Hobbies and interest?

What are your hobbies and interests?

Most Recent Volunteer Experience

Organization, Dates of Service and Duties

Educational Background

Major Degree/ Profession

Most Recent Work Experience

Employer name

Currently Employed

Emergency Contact (Name, Number, Relationship)

First name *

Last name *

Nickname

Home

Ok to call

Work

Ok to call

Cell *

Ok to call

Other

Ok to call

Email address

Relationship

- | | | | |
|--|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Aunt | <input type="checkbox"/> Best Friend | <input type="checkbox"/> Boyfriend | <input type="checkbox"/> Brother |
| <input type="checkbox"/> Cousin | <input type="checkbox"/> Co-worker | <input type="checkbox"/> Daughter | <input type="checkbox"/> Domestic Partner |
| <input type="checkbox"/> Ex husband | <input type="checkbox"/> Father | <input type="checkbox"/> Fiance | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Girlfriend | <input type="checkbox"/> Grandfather | <input type="checkbox"/> GrandMother | <input type="checkbox"/> Guardian |
| <input type="checkbox"/> Landlord | <input type="checkbox"/> Mentor | <input type="checkbox"/> Mother | <input type="checkbox"/> Neice |
| <input type="checkbox"/> Neighbor | <input type="checkbox"/> Parent | <input type="checkbox"/> Partner | <input type="checkbox"/> Roommate |
| <input type="checkbox"/> Significant Other | <input type="checkbox"/> Sister | <input type="checkbox"/> Son | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Supervisor | | | |

If the person completing this form is under the age of 18, please give your Guardian's Name, Email and Phone:

Legal Section

Have you ever been convicted of a felony or misdemeanor or had adjudication withheld of a felony or misdemeanor, excluding minor traffic violations?

(Note: A "Yes" response will not necessarily bar you from volunteering. Facts, such as date of occurrence and rehabilitation will be considered as it relates to the volunteer position in question. This information will be used only for volunteer-related purposes and only to the extent permitted by applicable law).

If yes, please explain:

Agreement Section

By checking this box, 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.\r

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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.\r

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By checking this box I understand that some volunteer positions are subject to a background check. Volunteer positions that handle monetary transactions, that require interactions with minors, and for other reasons held to the discretion of the organization.\r

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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.

Adopt as my signature *