



MORRIS CENTER
FOR LOWCOUNTRY HERITAGE

Volunteer Application & Release Form

All Morris Center for Lowcountry Heritage volunteers are asked to:

- Submit a Volunteer Application & Release Form
- Meet orientation and training requirements associated with volunteer position

General Information

Please include at least one phone number where we can reach you during business hours and an email address that you check regularly. **Your information will be kept confidential.**

Title: _____

First name: _____

Last name: _____

Street 1: _____

City: _____

State: _____ Zip / Postal Code: _____

Home phone: _____ OK to call me here _____

Work phone: _____ OK to call me here _____

Cell phone: _____ OK to call me here _____

E-mail address: _____

Date of birth: _____ Gender: _____

What kinds of email may Morris Center send you?

_____ Electronic newsletters

_____ Volunteer Opportunities

_____ Schedule reminders

Emergency Contact

We will attempt to contact the following person in the event of a personal emergency.

First name: _____

Last name: _____

Street 1: _____

City: _____

State: _____ Zip / Postal Code: _____

Day phone: _____

Evening phone: _____

Cell phone: _____

E-mail address: _____

Relationship: _____

Physical Capabilities or Limitations

Do you have any physical limitations (difficulty standing, lifting, hearing, etc.) that might affect your ability to volunteer or do specific tasks? If so, please describe briefly.

Availability

Please indicate the days and time periods that you are generally available to serve. You may provide additional information regarding your availability in the space below.

Sun Mon Tue Wed Thu Fri Sat

Morning: _____

Afternoon: _____

Evening: _____

My availability is:

From: _____

To: _____

Additional information regarding your availability

Education School: _____ Major degree: _____

Occupation

If you are currently employed, please give the name and address of your company or business, and your SUPERVISOR's contact information. If you are NOT currently employed, please indicate if you are retired, a homemaker, or other on the first line. You need not duplicate your own contact information if you are self-employed.

Employer / Company name: _____

Supervisor Name: _____

Title: _____

Street 1: _____



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City: _____

State: _____

Zip: _____

Day phone: _____

E-mail address: _____

Professional Skills and /or Special Abilities

Please indicate any of the following skills or abilities that you possess. Professional experience is not required. If you have other skills or abilities that might be valuable in museum operations, please list them in the space provided.

Skills

- | | | |
|------------------------------|---------------------------------------|--------------------------------|
| _____ Accounting | _____ Acting | _____ American Sign Language |
| _____ Art Handling | _____ Artistic Abilities | _____ CDL |
| _____ Catering Experience | _____ Clerical / Office | _____ Computer (MS Office) |
| _____ Construction | _____ Customer Service | _____ Data Entry / Keyboarding |
| _____ Editing / Proofreading | _____ Education / Teaching | _____ Electrician |
| _____ Engineering | _____ Foreign Language | _____ Fund-raising |
| _____ Graphic Designer | _____ Landscaping | _____ Law |
| _____ Law Enforcement | _____ Lighting | _____ Maintenance /Repair |
| _____ Mechanic | _____ Painter | _____ People Skills |
| _____ Photography | _____ Public Speaker | _____ Sales |
| _____ Set Construction | _____ Sight Guide / Visually Impaired | _____ Special Events |
| _____ Tour Guide / Docent | _____ Teaching / Training | _____ Writing |

Additional skills, abilities or areas of interest

Photography Release

The undersigned volunteer hereby grants the Morris Center for Lowcountry Heritage, (hereinafter referred to as the Center), permission to take or have taken still or moving images whether print or digital, including television broadcast or voice transmission. The undersigned also consents and authorizes Center, its advertising agencies, news media, and any other person interested in the Center and its work, to use and reproduce the images, video and sound recordings and to circulate and publicize the same by all means, including, without limiting the generality of the foregoing, newspapers, magazines, television, media, brochures, pamphlets, instructional materials, books and clinical materials. With respect to the foregoing matters, no inducements, or promises have been made to secure this signature to this release other than the intention of the Center to use or cause to be used such images, films, recordings, and video for the primary purpose of promoting the Center and its work.

Waiver and Release of Liability In consideration of being allowed to volunteer my services at the Center, I hereby acknowledge that there are certain risks of injury involved, and I knowingly and freely assume all such risks and assume full responsibility for my participation. To the extent allowed by law, I agree to indemnify and hold harmless the Center, its officers, employees, agents, representatives and volunteers, of all liabilities and all loss or damage to person or property which may occur or be incident to my involvement or participation.

Volunteer Confidentiality Agreement I recognize that as a volunteer of the Center, I may have access to confidential information concerning the Morris Center for Lowcountry Heritage (MCLH) / the Center, its guests, donors, members, alumni, vendors, employees, volunteers or other representatives. In consideration of any volunteer status with MCLH / Center, I agree I will not at any time, during or after volunteering for MCLH / Center, divulge or reveal to any person, firm, or corporation, any information (including, but not limited to, personal or financial information or customer lists), directly or indirectly, which might in any way be used to injure or interfere with the business of MCLH / Center, or to alienate guests, customers, agents, employees, volunteers or representatives from MCLH / Center, or to cause discontent or dissatisfaction among any such persons.

I agree that should I have any questions as to the propriety of release of any information, I will request clearance from the Morris Center for Lowcountry Heritage prior to releasing such information.

I certify that the information in this Volunteer Application is true, correct and complete to the best of my knowledge. I authorize the Morris Center for Lowcountry Heritage to verify any and all information I provided by contacting appropriate sources.

BY SIGNING, I UNDERSTAND THAT I AM INDICATING MY AGREEMENT WITH THE TERMS OF ALL PRECEDING SECTIONS.

Signature: _____ Date: _____