



# Mid-America All-Indian Museum, Inc.

## Volunteer Application

Date \_\_\_\_\_

### Personal Information:

Are you currently a member of MAAIM?  Yes  No

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Place of Work (opt.) \_\_\_\_\_

Can we call you at work? \_\_\_\_\_ Birthday month/day/year \_\_\_\_\_

(All volunteers under age 18 must fill out parental consent form and have on file with staff)

Spouse/children/parents (opt.) \_\_\_\_\_

Other volunteer/community activities \_\_\_\_\_

Education/special training \_\_\_\_\_

Ever volunteered here before? If so, when? \_\_\_\_\_

### Volunteer Interests:

Docent a tour  Special Events  Craft Kits  Teaching  Committees

Other \_\_\_\_\_

### Day of the Week and Times you would be available:

\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Cell Phone \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

### Reference:

List name, address, phone number, and nature of your relationship of 2 people, not relatives, who know your character, experience or abilities:

Reference 1

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reference 2

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I certify that the answers given herein are true and complete to the best of my knowledge. I authorize an investigation of all statements contained in this application as may be necessary in arriving at an acceptance decision. In the event of acceptance, I understand that false or misleading information given in my application or interview may result in dismissal from the volunteer ranks. I am aware that acting as a volunteer does not make me an employee of the Museum. I understand, also, that I am required to abide by all rules and regulations of Mid-America All-Indian Museum.

I \_\_\_\_\_, authorize Mid-America All-Indian Museum to receive information from any law-enforcement agency including police departments and sheriff's departments, of this state or any other state or the federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions from crimes committed upon children.

I certify that I have read and agree to the statement above,

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

I have been told and I understand that I assume the risks of injury or death and loss of property associated with my work as a volunteer at the Mid-America All-Indian Museum.

I agree to release Mid-America All-Indian Museum Inc. and its Trustees, The City of Wichita and its Council Members, and Mid-America All-Indian Museums employees from liability for death and/or any and all injuries that may occur to me or my property in areas that are not open to the public. I, the undersigned, do hereby for myself, my family and all who may claim through or for me waive and release Mid-America All-Indian Museum Inc., from all claims, rights and causes of action accruing in my favor as a result of personal injuries or loss of life while I am participating in volunteer work. I further agree that no suit or action at law shall be instituted by me or by others on my behalf with respect to any such claim, right or cause of action.

I will obey all safety instructions of the MAAIM and follow all directions of the MAAIM employee in the care and treatment of Museum and grounds. I will leave immediately whenever requested to do so by a MAAIM employee.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Return this application to:** Volunteer Coordinator, Mid-America All-Indian Museum, 650 N. Seneca, Wichita, KS 67203

Questions please call 316-262-5221 or visit the website [www.theindiancenter.org](http://www.theindiancenter.org)