



WALTER P. CHRYSLER MUSEUM

Volunteer Application

First Name _____ Middle Initial _____

Last Name _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____

Home Phone _____ Cell Phone _____
 10 - digit with area code 10 - digit with area code

Are you 18 years of age or over? Yes No
 If no, student work papers are required, and applicants must be at least 16 years old.

Birth Day and Month (optional) _____

Interest Areas for Volunteering

___ Admissions
 ___ Gallery Aide
 ___ School Group Guide
 ___ Museum Event
 ___ Gift Shop
 ___ Group Tour Guide
 ___ Outreach
 ___ Other _____

Daily Availability: Tues ___ Wed ___ Thur ___ Fri ___ Sat ___ Sun ___

Comments: _____

Employment /Experience Skills

___ Account/Financial Planner
 ___ Actor
 ___ Architect
 ___ Archivist
 ___ Banker
 ___ Business Entrepreneur
 ___ Computer Technician
 ___ Crafter
 ___ Designer
 ___ Educator
 ___ Engineer
 ___ Event Planner
 ___ Event Set Up & Tear Down
 ___ Exhibits
 ___ Fundraiser
 ___ Graphics
 ___ Historian
 ___ Journalist
 ___ Lawyer
 ___ Marketing
 ___ Mechanic
 ___ Musician
 ___ Photographer
 ___ Public Relations
 ___ Retailer
 ___ Vehicle Restorer
 ___ Webmaster
 ___ Other _____

Occupation _____ Current ___ or Retired ___

Degrees &/or Certificates _____

Recreational interests _____

Why do you want to volunteer? _____

If you are applying to fulfill a particular requirement please indicate the following:

Type of service:
 ___ School/Academic Requirement
 ___ Community Service (we do not accept court ordered service)
 ___ Other _____

Contact Information:
 Name _____
 Phone # _____
 E-mail _____
 Service Hours Required _____
 Completion Date Required _____

Volunteer Experience _____

Are you a member of any auto-related service clubs or organizations? Please list:

FOR OFFICE USE ONLY:

Date Rec'd: _____

Contract Signed: Yes No

Student Work Papers: Yes No

Orientation Date: _____

Are you fluent in any other language(s) besides English in which you could be of service to our guests (speak, read, or write - please indicate for each additional language)?

In Case of Emergency, please notify:

Name _____ Relationship _____ Phone _____

Do you require any special considerations for performing various physical activities, such as sitting, standing, walking, or lifting?

Media Release

The Walter P. Chrysler Museum Foundation periodically uses photographs, video or audio footage, and/or testimonials of/by volunteers for local, regional, or state publicity or educational purposes. These may be taken or documented by either the Museum's employees, its authorized agents, or the commercial media. By my signature on this volunteer application form below, I give permission for the Walter P. Chrysler Museum Foundation to use, reuse, publish, republish, and copyright such photographs, video and/or audio footage, testimonials, and my name for educational and publicity purposes.

Signature _____ Date _____

Notice of Background Investigation Check

To ensure the safety and security of all guests at the Walter P. Chrysler Museum Foundation, a background investigation in compliance with the Federal Fair Credit Reporting Act (FCRA) is conducted on all volunteers. I agree to provide my driver's license or state issued I.D. and social security number for the purposes of conducting this background investigation. All information pertaining to this investigation is kept strictly confidential.

Waiver

If accepted as a volunteer at the Walter P. Chrysler Museum Foundation:

- I agree to abide by all policies and procedures of the Walter P. Chrysler Museum Foundation.
- I agree to read, sign, and abide by the volunteer contract.
- I agree to attend a volunteer orientation and any additional training for my current or future assignment(s).
- I understand that I will receive no financial compensation or benefits for assistance rendered in any capacity.
- I understand that I am responsible for my personal injuries and illness while participating in this volunteer program, and that I will hold the Walter P. Chrysler Museum Foundation, and all joint and sponsoring agencies harmless.
- I understand that the Walter P. Chrysler Museum Foundation volunteer program is open to all, regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital and family status.

Volunteer Applicant Signature _____ Date _____

Guardian's Signature (if Volunteer Applicant is under 18 years old) _____ Date _____

Please return completed form to:
Volunteer Services and Membership Manager
Walter P. Chrysler Museum Foundation
One Chrysler Drive
CIMS 488-00-00
Auburn Hills, MI 48326-2778
Questions or inquiries:
(248) 944-0438
volunteers@wpchryslermuseum.org

