



**Volunteer Application:**

*Name:*

---

*Address:*

*City:*

*ST:*

*Zip:*

---

*Phone:*

---

*Email Address:*

---

**Volunteer Skills**

Please describe any special skills, interesting experiences or areas of expertise that you would share with museum visitors (for example: fluency in a foreign language, science knowledge or teaching experience)

---

---

---

---

**Volunteer Opportunities**

Please indicate which of the following volunteer opportunities interest you:

<input type="checkbox"/>	Tech Expertise	<input type="checkbox"/>	Materials Prep
<input type="checkbox"/>	STEAMlab Open Lab & Programs	<input type="checkbox"/>	Family Science Days
<input type="checkbox"/>	Free Friday Night	<input type="checkbox"/>	Exhibit Design and Construction



**Records Release and Waiver of Liability**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

I, the undersigned, authorize and consent that the Children's Museum of Bozeman (the "CMB") may request any and all information regarding me including, but not limited to, my employments records, volunteer experience, military records, criminal history and information records, sexual offender registry records, and child abuse registry records (my "background information") from any person, firm, organization, corporation, or government entity (the "background check agency") that is provided a copy (including a photocopy or facsimile copy) of this Records Release and Waiver of Liability form. Furthermore, I authorize and consent that any background check agency may release and disclose to the CMB any and all background information requested. Any background check agency providing information, records, or other background information in accordance with this authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with CMB guidelines.

I understand that I have a right to review the results of my background investigation by making a request in writing to the Executive Director. I also understand that I have a right to respond to any information received as a result of the investigation.

I hereby further release CMB and its directors, agents, representatives, and employees from any and all claims, including, but not limited to, claims of defamation, invasion of privacy, wrongful dismissal, negligence, or any other damages resulting from or pertaining to the collection and use of information collected pursuant to this release.

I desire to participate as a volunteer at the CMB (the "Program"), and I fully understand and appreciate the nature of the Program, the dangers, hazards, and risks inherent in the Program, and understand that serious or even fatal injuries and property damage could result from my participation in the Program.

Knowing the dangers, hazards, and risks of the Program, and in consideration of being permitted to participate in the Program, on behalf of myself, my family, heirs, and personal representative(s), I, the undersigned, agree and consent to assume and take upon myself all the risks and responsibilities surrounding my participation in the Program, including transportation, and in any independent activities undertaken by me relating to my participation in the Program, and in advance release, waive, forever discharge, and covenant not to sue CMB, its governing board, officers, agents, employees, visitors and any persons acting as employees, from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of actions, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, whether caused by negligence or carelessness of CMB, or otherwise, while in, on, upon, or in transit to or from the premises where the Program, or any adjunct to the Program, occurs or is being concluded.

By submitting this Volunteer Application, I affirm that the facts set forth in it are true and complete. I understand that false statements, omissions, or other misrepresentations by me on this application may result in immediate dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only: Application Date: _____ Background Check: _____ Began Service: _____ Staff Initials: _____
--