

DALLAS HOLOCAUST
MUSEUM CENTER
for EDUCATION and TOLERANCE

Volunteer Application

Please complete this application so that we can discover more about you, your interests, your skills, and your intentions in volunteering with us. Please attach a resume with your work and education history.

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employer (if applicable) _____

Occupation _____ Work Phone _____

Email _____

Emergency Contact Name: _____ Relationship _____

Emergency Contact Phone Number: _____

Are you currently a student? Y N

If yes, where do you currently attend? _____

What grade/year are you in school? _____

What is the highest level of education you have completed, if no longer a student?

Do you speak any languages other than English? Y N If yes, _____

How did you hear about volunteering with us? _____

What type of work would you like to do here (you may select more than one)?

- | | | |
|---|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Archives/Library | <input type="checkbox"/> Education | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Development | <input type="checkbox"/> Events | <input type="checkbox"/> Other |
| <input type="checkbox"/> Docent | <input type="checkbox"/> Front Desk | _____ |

Why do you want to volunteer here? _____

What skills, knowledge or training do you wish to utilize here? _____

What do you hope to gain from your experience at the Dallas Holocaust Museum/Center for Education and Tolerance? _____

Please list any other volunteer experiences you've had. (Where? When? What were your responsibilities?)

My three main interests are:

1. _____
2. _____
3. _____

My top three skills are:

1. _____
2. _____
3. _____

Please list times available:

Monday: _____

Friday: _____

Tuesday: _____

Saturday: _____

Wednesday: _____

Sunday: _____

Thursday: _____

How often would you like to volunteer? _____

Please provide 2 personal or professional references.

Name	Relationship	Daytime Phone	Email Address

Medical information we should be aware of in an emergency (allergies, special medications, &/or conditions): _____

Please tell us anything else about you that we should know:

Important: Each volunteer must sign the Waiver of Liability before volunteering at the Dallas Holocaust Museum/Center for Education and Tolerance. If the volunteer is under age 18, a parent or legal guardian is required to sign the waiver in addition to the volunteer. Please complete this form and bring it with you before you begin your volunteer service. *Please read carefully before you sign.*

Waiver of Liability

This Waiver of Liability (the "Waiver") executed on this _____ day of _____, 20____, by _____ (the "Volunteer") in favor of Dallas Holocaust Museum/Center for Education and Tolerance ("DHM/CET"), a non-profit corporation organized and existing under the laws of the State of Texas, USA.

I, the Volunteer, desire to work as a volunteer for DHM/CET.

I hereby freely and voluntarily, without duress, execute this Waiver under the following terms:

- 1. Waiver and Release.** I, the Volunteer, release and forever discharge and hold harmless DHM/CET and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with DHM/CET

I understand and acknowledge that this Waiver discharges DHM/CET from any liability or claim that I, the Volunteer, may have against DHM/CET with respect to bodily injury, personal injury, illness, death, or property damage that may occur during my volunteer service at DHM/CET. I also understand that DHM/CET does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

- 2. Insurance.** I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of DHM/CET beyond what may be offered freely by a representative of DHM/CET in the event of such injury or medical expense.
- 3. Medical Treatment.** I hereby release and forever discharge DHM/CET from any claim whatsoever which arises or may hereafter arise on account of any first aid treatment or other medical services rendered in connection with an emergency during my time with DHM/CET.
- 4. Photographic Release.** I grant and convey unto DHM/CET all right, title, and interest in any and all photographic images and video or audio recordings made by DHM/CET during my work for DHM/CET, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
- 5. Other.** I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Texas in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Texas. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Volunteer's Signature

Date

Volunteer's Name (Printed)

Organization (if applicable)

Street Address

City

State

Zip Code

Parent/Legal Guardian Signature (required if volunteer is under age 18)

VERIFIYI

Background Verification Release Form

AGENCY INFORMATION

Date	Agency Name		
Contact Name			
Agency's Main Phone Number		Agency's Fax Number	

APPLICANT INFORMATION

Name of Applicant		Maiden or Other Name(s) Used	
Current Address			
City	State	Zip Code	County
Social Security Number	Date of Birth	Driver's License Number	State Issued
Position Applied For			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		

I hereby authorize VERIFIYI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time within 36 months from the date on this document. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFIYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

Applicant's Signature

Date

Applicant's Printed Name

Parent/Guardian's Signature (if under 18 years of age)