

FRIENDS OF THE SOUTH GATE Civic CENTER MUSEUM

VOLUNTEER APPLICATION

NAME: _____ DATE OF BIRTH* _____

FIRST M. i. LAST
ADDRESS: NUMBER STREET TYPE (AVE. ETC.) CITY

STATE ZIP E-MAIL (IF ANY) TELEPHONE: (OR CELL#(S))

EDUCATION: (Y/ N) GRADE SCHOOL _____ HIGH SCHOOL _____ JR. COLLEGE _____
BA, BS _____ CURRENTLY A STUDENT? _____ SCHOOL _____

I WOULD LIKE TO DO VOLUNTEER WORK AS: DOCENT (MUSEUM TOUR GUIDE) _____

MUSEUM HOUSEKEEPING, CLEANUP _____ EXHIBIT INTAKE AND PREPARATION _____

IN WHATEVER CAPACITY MY EXPERIENCE AND ABILITIES PERMIT _____

OTHER (SPECIFY): _____

I CAN COMMIT _____ HOURS _____ DAYS _____ PER WEEK _____ MONTH _____ OF

TIME TO MUSEUM SERVICE. I AM A MEMBER OF FRIEND (yes or no)

I UNDERSTAND THAT ANY WORK OR SERVICE TO BE DONE BY ME IS ENTIRELY ON A VOLUNTEER, UNPAID BASIS AT THE DIRECTION OF FRIENDS OF THE SOUTH GATE CIVIC CENTER MUSEUM, A CALIFORNIA 501 C(3) NONPROFIT CORPORATION OR ITS APPOINTED REPRESENTATIVE (E. G. CURATOR OR SUPERVISOR), AND MAY BE SUBJECT TO REVIEW OR APPROVAL BY THE CITY OF SOUTH GATE. I HEREWITH GIVE PERMISSION FOR THE ABOVE STATEMENTS TO BE VERIFIED.

(SIGNED)

DATE:

(PRINT)

AFFIRMATION: FRIENDS OF THE SOUTH GATE Civic CENTER MUSEUM DOES NOT AND WILL NOT DISCRIMINATE AGAINST ANY APPLICANT, MEMBER OR VISITOR BECAUSE OF RACE, AGE, NATIONAL ORIGIN, GENDER OR ON ANY BASIS SUBJECT TO APPLICABLE LAW OF THE STATE OF CALIFORNIA PRESENT OR WHICH MAY IN THE FUTURE BE ENACTED.