

**2023 WESLACO MUSEUM
VOLUNTEER APPLICATION
Museum Hours: 10AM-4PM**

Date: _____

Name: _____

Address: _____

City, State, and Zip Code: _____

Phone: _____ Email: _____

What days and times are you interested in volunteering?

Tuesdays	_____	to	_____
Wednesdays	_____	to	_____
Thursdays	_____	to	_____
Fridays	_____	to	_____
Saturdays	_____	to	_____

Do you have access to an automobile you can use for volunteer work?

- Yes
- No
- Occasionally

Is there a particular type of volunteer work in which you are interested? (Check all that apply)

- Technical (computers, scenery, lighting, sound)
- Administrative
- Visitor Services
- Curatorial (Exhibitions, Research, Database, Art Handling, Archives)
- No preference
- Other: _____

Name: _____

Skills and Qualifications

Current Occupation: _____

Hobbies and Interests: _____

Languages Spoken: _____

Educational Background (Check all that apply)

- High School Diploma/GED
- Name of HS _____ Year/Expected Year of Graduation _____

- College/University
- Name of Institution _____ Year/Expected Year of Graduation _____
- Major/Expected Major? _____
- Minor (if applicable) _____

- Undergraduate: _____
- Graduate: _____
- Other: _____

General Questions

Which other organizations have you volunteered with? _____

What were some of your responsibilities there or elsewhere? _____

Have you worked in customer service before? What was your experience like? _____

What do you like to read? What histories of Texas have you read? _____

What was the last museum you visited? When did you visit and what was your general experience like? _____

What do you think is the most important work you can do for our community through our organization? _____

References

- Referred by: _____

Name: _____

○ Student Internship Course:

Course Name: _____ Term: _____

Department: _____ Professor: _____

Hours Required: _____ Deadline: _____

School: _____

Program Requirements (if any): _____

Have you ever been convicted of a felony?

- Yes
- No

If yes, please explain: _____

In an emergency, please notify:

Name: _____

Address: _____

City, State, and Zip Code: _____

Phone: _____ Email: _____

Relationship to you: _____

Thank you for completing this application form and for your interest in volunteering with us.

Name: _____

WAIVER RELEASE & LIABILITY AGREEMENT

In consideration of being allowed to volunteer my services at the Weslaco Museum, I hereby acknowledge that there are certain risks of injury involved, and I knowingly and freely assume all such risks and assume full responsibility for my participation. To the extent allowed by law, I agree to indemnify and hold harmless the Weslaco Museum, its officers, employees, agents, representatives, and volunteers, of all loss or damage to person or property which may occur or be incident to my involvement or participation.

Volunteer Signature: _____ Date: _____

VOLUNTEER CONFIDENTIALITY AGREEMENT

I recognize that as a volunteer of the Weslaco Museum, a Texas non-profit corporation, I may have access to confidential information concerning the Museum, its guests, customers, agents, employees, volunteers, or representatives. In consideration of any volunteer status with the Weslaco Museum, I agree I will not at any time, during or after volunteering for the Weslaco Museum, divulge or reveal to any person, firm, or corporation, any information (including, but not limited to, personal or financial information or customer lists), directly or indirectly, which might in any way be used to injure or interfere with the business of the Weslaco Museum, or to alienate guests, customers, employees, volunteers or representatives from the Weslaco Museum or to cause discontent or dissatisfaction among any such persons. I agree that should I have any questions as to the propriety of release of any information, I will request clearance from the Weslaco Museum prior to releasing such information. By my signature I declare that I have read, understand, and agree with all parts of the Volunteer Contract and will strive to fulfill all parts therein.

Volunteer Signature: _____ Date: _____