

Brigham City Museum of Art, History, and Nature Volunteer Application

Youth volunteer applicants must be between the ages of 14 -17. Parent or legal guardian signature is required.

Volunteers 18 years and older must complete a Brigham City background check.

Please note that we do not accept any applications for court ordered community service.

Name			Date / /
Parent/Guardian Name (if applicant is a minor)			Parent/Guardian Cell phone ()
Address			Parent/Guardian Work Phone ()
City	State	Zip	Alt. Phone ()
Email			Home Phone ()

Date of Birth: (month/date/year)	
Current School:	Grade:
Please list any relevant experience.	

Emergency Contact Information:	
Full name:	Relationship:
Home Phone:	Work Phone:
Email:	Cell Phone:
Street Address:	City, State, Zip:

Availability to Volunteer:				
Tuesday	Wednesday	Thursday	Friday	Saturday

Comments on availability:
Do you have a reliable source of transportation? Yes____ No_____

Special needs or concerns:

What do you hope to learn through this volunteer experience?

Intellectual Property

I understand that in the course of volunteering I may participate in or create intellectual property on behalf of the Museum. I understand that all such property, and all rights to its use, belong exclusively to the Museum. I shall exercise due diligence in ascertaining the ownership of any non-Museum intellectual property to its use by the Museum, and shall work with appropriate Museum personnel to protect Museum intellectual property.

Minor Consent to Photograph

The undersigned hereby authorizes the Brigham City Museum of Art, History, and Nature to photograph or videotape (name of minor) _____ and agrees that B.C.M. may indefinitely use or permit other persons to use the negatives, prints of video tape prepared therefrom for such purposes and in such manner as may be deemed necessary to promote the museum.

I certify that the information provided in the Volunteer Application is true and correct, and that I have read and understand this Application, including without limitation to the consent to photograph/ videotape and intellectual property releases. I freely and voluntarily agree to all of the conditions and responsibilities listed herein both for myself and on behalf of any minor children as indicated below.

Signature of Applicant

Date

Signature of Parent/Legal Guardian if under 18

Date