

The Kansas African American Museum  
 601 N. Water Street  
 Wichita, KS 67203  
 316-262-7651 | info@tkaamuseum.org | tkaamuseum.org



## ***VOLUNTEER APPLICATION***

### PERSONAL INFORMATION

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

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### AVAILABILITY

	Mon	Tues	Wed	Thurs	Fri	Sat
Morning						
Afternoon						
Evening						

# of hours per week available: \_\_\_\_\_

How long do you plan on volunteering with us? \_\_\_\_\_

### VOLUNTEER POSITION

Which of the volunteering areas are you interested in volunteering with: (please check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Administration<br><input type="checkbox"/> Education Program<br><input type="checkbox"/> Fundraising<br><input type="checkbox"/> Museum Docent | <input type="checkbox"/> Senior Programs<br><input type="checkbox"/> Special Events<br><input type="checkbox"/> Visitor Services<br><input type="checkbox"/> Other: _____ |
|---|---|

## INTERESTS AND EXPERIENCE

Why are you interested in volunteering with TKAAM?

What previous volunteer experience do you have?

Accommodation Request:

Do you have any limitations that might require an accommodating or prevent your participation in any volunteer opportunities? If yes, please explain.

Please list any special skills, training, or experience you think may be helpful as a TKAAM Volunteer:

An affirmative response will not necessarily disqualify you from volunteering. If you have not provided complete or truthful information, your application may be rejected or your volunteer service terminated.

Have you ever been convicted of a crime other than a minor traffic offense? If yes, please explain:

Have you completed a background check within the last year? If so, with who?

*Please read the following agreement and sign below:*

In connection with my voluntary involvement in activities undertaken for, and with the participated and support of The Kansas African American Museum, a non-profit charitable organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge The Kansas African American Museum, its officers and directors, employees, agents, and volunteers from all claims, demands and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold The Kansas African American Museum, its officers and director, employees, agents and volunteers harmless from any cause of action, claim, or suit arising there from. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release.

I agree to comply with The Kansas African Museum policies that every person served by The Kansas African American Museum has the right to privacy in all matters concerning their treatment. Any and all information concerning or identifying a client or former client is confidential and is not to be disclosed without proper authorization. Photographing clients is prohibited unless prior arrangements are made with the Education Specialist and the program.

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

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

**Please return completed application to Brad Richards:**

Mail: 601 N. Water Wichita, KS 67203

Fax: 316-265-6953

Email: [tkaamcommunityoutreach@tkaamuseum.org](mailto:tkaamcommunityoutreach@tkaamuseum.org)

