

# American Muscle Car Museum

## VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Previous Volunteer Experience:  
\_\_\_\_\_

Shirt Size: Men: S  M  L  XL  2XL  3XL  4XL  Ladies: S  M  L  XL   
(Check One)

Are you a car collector? If so, are you a member of a car club or any affiliate organization?  
Which one(s): \_\_\_\_\_  
How did you hear about the volunteer program? Museum Event  Website   
Newsletter  Club  Other: \_\_\_\_\_

### I am interested in the following Volunteer Activities (choose 2 or more):

- |   |  |
|---|--|
| <input type="checkbox"/> Greeter/Ticket Taker | <input type="checkbox"/> Parking Attendant/Traffic Control |
| <input type="checkbox"/> Refreshments/Food    | <input type="checkbox"/> Museum Monitor                    |
| <input type="checkbox"/> Set up/Clean up      | <input type="checkbox"/> Grounds Monitor                   |

### References

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

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Phone: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Please list any other skills or experience that might be relevant or that you would like to develop while volunteering with American Muscle Car Museum:

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**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Availability:** (Please check days you are available to volunteer)

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday   
A.M. /P.M.  A.M. /P.M.  A.M. /P.M.  A.M. /P.M.  A.M. /P.M.  A.M. /P.M.  A.M. /P.M.

Do you have any physical limitations that would impact your ability to perform job functions? (standing, walking, hearing, vision, lifting, etc.)

Are you currently taking any medication that would impact your ability to drive or work on/around vehicles or equipment? If yes, please indicate specific medical emergency instructions.

Have you ever been convicted of any crime, including involving harm to another individual, or against children or other vulnerable person?

If yes, please explain: \_\_\_\_\_

Note that a conviction will not necessarily bar the ability to volunteer.

**Volunteer Release**

**Liability Disclaimer:** I hereby release, indemnify, and hold harmless American Muscle Car Museum, the organizers, the agency at which I volunteer, including sponsors and supervisors of all activities, from any and all liability in connection with any injury(including injury caused by negligence), in conjunction with volunteer activities from the date acknowledge below until terminated by American Muscle Car Museum. I acknowledge that there are certain foreseeable and unforeseeable risks associated with participating in any event or program, including but not limited to, illness, traveling to and from event and/or program, and the effects of the weather, all such risks being understood and appreciated by me.

I certify that I am in good health and able to participate in the event and/or program activities I have volunteered for. I certify that I am over eighteen years of age and competent to enter into this release. If I am not eighteen years of age, my parents or guardian has signed this release on my behalf, and agrees to all the stipulations set forth in this document. I have read the foregoing release, authorization and agreement before affixing my signature below and warrant that I fully understand the contents thereof. \*Please note that volunteering will require a criminal background check.

**Communication Release:** I hereby assign the rights to any video and/or photographic recording(s) made of me while volunteering for an event or program of American Muscle Car Museum or its agencies and collaborators. I hereby authorize the editing, duplication, reproduction, copyright, exhibition, broadcast and/or nonprofit use and distribution of said recordings for purposes deemed suitable by American Muscle Car Museum. I hereby waive any right to approve the finished products. I certify that I am over eighteen years of age and am competent to enter into this release. If I am not eighteen years of age, my parent or guardian has signed this release on my behalf and agrees to all the stipulations set forth in this document. I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

Print Full Name: \_\_\_\_\_  
Please print (First, Middle Initial, Last)

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

Signature: \_\_\_\_\_  
(Volunteer)

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

Signature: \_\_\_\_\_  
(Parent or Guardian if volunteer is under age 18)

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

**THE COMPLETED AND SIGNED APPLICATION SHOULD BE RETURNED TO:**  
**AMERICAN MUSCLE CAR MUSEUM**  
**P.O. BOX 121179**  
**MELBOURNE, FL 32912,**

**OR EMAIL TO: [info@AmericanMuscleCarMuseum.com](mailto:info@AmericanMuscleCarMuseum.com)**

**\*\*\*INCLUDE A PHOTOCOPY OF YOUR DRIVERS LICENSE OR OTHER CURRENT LEGAL FORM OF ID,**