



Museum of Northern Arizona Volunteer Information Form

Please complete and mail to Mari Soliday, MNA,
928/774-5211, ext 275 ▪ msoliday@mna.mus.az.us
3101 N. Fort Valley Road, Flagstaff, AZ 86001



Name _____ Today's Date _____

Address _____ City _____ ZIP _____

Home Phone _____ Cell Phone _____

Email: _____

Full-time residence at above address? Yes _____ No _____ If no, please enter your alternate address:

Address _____ City _____ State _____ ZIP _____

Phone _____ Dates of residence _____

Describe yourself and your interests: _____

Special skills and experience (i.e. foreign language etc.) _____

For what area would you like to volunteer? _____

What do you hope to gain from your volunteer experience? _____

List the best times for you to volunteer _____

List former or present employer and address or website _____

List two references not related to you with telephone numbers _____

An Authorization & Release Form is required for by our insurance company. Have you filled out this form? _____

MNA Volunteers are encouraged to become members at the level of your choice in order to have a complete understanding and familiarity with the Museum and its activities.

In case of emergency, please notify:

Name _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Relationship _____

Office use only Date rec'd: _____ Placed: _____ Ref?: _____ E-list?: _____ DB?: _____ Mem?: _____ Authorization & Release Form?: _____

(KF updated form on 02/15/12)



Museum of Northern Arizona Volunteer Agreement

The Museum of Northern Arizona will provide the following for volunteers:

- ⦿ Professional orientation, training, and resource materials within various departments;
- ⦿ A supportive climate where volunteers can perform and grow;
- ⦿ Opportunities to attend recognition and social events;
- ⦿ Interesting opportunities to provide public service;
- ⦿ Use of staff breakroom and Museum Library during office hours;

The Museum of Northern Arizona asks volunteers to:

- ⦿ Choose assignments appropriate to their interests, abilities, and time;
- ⦿ Participate in prescribed training and continuing education programs as needed;
- ⦿ Establish regular volunteer schedules;
- ⦿ Arrange for substitutes if unable to complete an assigned shift or task;
- ⦿ Commit to one year of service to the Museum (two-year commitment for docents);
- ⦿ Comply with the policies and procedures of the Museum of Northern Arizona;
- ⦿ Serve as goodwill ambassadors for the Museum;
- ⦿ Let us know how to improve our volunteer programs;

I understand the benefits and responsibilities of the Museum of Northern Arizona Volunteer Program and wish to contribute my efforts to learn and volunteer in the museum setting.

Signature/Date

Museum of Northern Arizona
Volunteer and Docent
AUTHORIZATION TO RELEASE INFORMATION

I, _____
Last Name First Name Middle Name

Current Address Dates Lived Here

Addresses for the Past Seven Years: (include street, city, state, zip code) Dates of Residence:

Date of Birth Other Names Used (including maiden name) Years Used

Number Driver's License # State Social Security

Email Address: _____

I do hereby authorize verification of all information in Volunteer Information Form from all sources of employment, education, motor vehicle, criminal history, personal character, or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for identification purposes and for the release information which will be considered in determining any suitability for volunteer work. I certify that I have made true, correct, and complete answers and statements on my Volunteer Application Form, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for volunteer work. I agree to provide additional information that may be requested to process my Volunteer Information Form. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my volunteer work to the extent permitted by law.

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of opportunity to volunteer and my immediate discharge.

Printed Name Applicant Signature Date

CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.

DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.