



VOLUNTEER APPLICATION

Personal Information	
Name:	Date of Birth:
Address:	
Phone:	Email:

Emergency Contact		
Name:	Relation:	Phone:

Skills/Interests/Experiences

Museum Opportunities	
<input type="radio"/> Administration <input type="radio"/> Collections/Archives <input type="radio"/> Events	<input type="radio"/> Displays/Exhibits <input type="radio"/> Docent <input type="radio"/> Facilities

Release & Waiver
<p>Volunteer does hereby release and forever discharge and hold harmless Bothell Historical Museum (BHMS) and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that arise or may hereafter arise from Volunteer's Activities with BHMS. Volunteer understands that this release discharges BHMS from any liability or claim that the volunteer may have against BHMS with respect to any bodily injury, personal injury, illness, death, or property damage that may result from volunteer's activities with BHMS. Volunteer also understands that BHMS does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.</p> <p>Volunteer does hereby grant and convey unto BHMS all right, title, and interest in any and all photographic images and video or audio recordings made by BHMS during the Volunteer's Activities with BHMS, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.</p>

Signature:

Date:

Parent/Guardian Name:



Bothell Historical Museum
Opening Doors to Bothell's Past

Bothell Historical Museum Society
PO Box 313 – Bothell, WA 98041
bothellmuseum@gmail.com
425-486-1889

Parent/Guardian Signature:

Date:
