

Adult Volunteer Application

Thank you for your interest in volunteering at our museum! Please print, sign, then submit this form to the museum's director at GladysCity@Lamar.edu. You're welcome to deliver to the museum in person.



Today's Date: _____

Student Information:

Name (Last, First, MI): _____

Address (Street, City, State, Zip): _____

Phone: _____

Secondary Phone: _____

Email: _____

Date of Birth: _____

Emergency Contact Information: _____

Education: _____

Employment : _____

Previous Volunteer Experience: _____

Interests/Hobbies: _____

Special Skills: _____

Volunteer Interests:

(Check all that apply)

- Victorian/Edwardian Cosplay for special events
- Tour guide for either adult or youth tours
- Assist with special events
- Program creation
- Assist the curatorial team with collection management
- General cleaning around museum
- Craft or special skill demonstrations such as quilting, crochet/knitting, photography, printmaking, and blacksmithing. The possibilities are limitless!
- Facility maintenance - light construction and restoration projects
- Special Events

Availability:

Preferred days: Tue Wed Thu Fri Sat Sun

How did you hear about us? Friend Previous Volunteer Website Social Media

Important Information:

- All adults must submit Lamar University's criminal background check.
- Volunteers must attend a brief volunteer orientation prior to beginning work.
- Volunteers must follow all policies and guidelines of Spindletop Gladys City Boomtown Museum and Lamar University.

Once your application is reviewed you will receive an email confirmation.



Release of Liability, Indemnification and Assumption of the Risk Agreement (Form for Adults)

Participant Name (Print): _____

Organization: _____

Activity: _____
(Please describe specifically the Activity)

Activity Dates: _____

This is a Release of Liability, Indemnification and Assumption of Risk agreement. Read it carefully and sign below. Completion of this form is required before you participate in the Activity. This document cannot be altered or modified by any verbal or written statements.

Initial Releasees: The "Releasees" in this agreement are, The Texas State University System, Lamar University, and all regents, directors, employees, agents, and officers and volunteers of such entities.

Initial Assumption of Risks: To the best of my knowledge, I am in good health and have no physical limitations that would preclude or impede my participation in the Activity listed above (hereafter Activity). I am aware of the risks, perils and hazards connected with the Activity. I acknowledge that loss of property, personal or bodily injury, or death might result from the Activity and/or the acts of others. I elect to participate voluntarily and engage in the Activity knowing that the Activity may be hazardous to my property and me. I voluntarily and expressly agree and promise that I assume full responsibility for property loss or damage, and for personal injury, including death, that I may sustain as a result of being engaged in the Activity, whether or not based on the negligence or other wrongful conduct of the Releasees.

Initial **INDEMNIFICATION: I AGREE TO INDEMNIFY, PROTECT, DEFEND (ON DEMAND), AND HOLD HARMLESS THE RELEASEES FROM ANY AND ALL LOSS, LIABILITY, DAMAGE, OR COSTS OF ANY NATURE WHATSOEVER, WHETHER NOW EXISTING OR HEREAFTER ARISING, INCLUDING WITHOUT LIMITATION , COURT COSTS AND ATTORNEY'S FEES, THAT THE RELEASEES MAY INCUR DUE TO MY PARTICIPATION IN THE ACTIVITY, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE. FOR EXAMPLE, I SPECIFICALLY AGREE TO INDEMNIFY, PROTECT, DEFEND (ON DEMAND), AND HOLD HARMLESS THE RELEASEES FROM ANY LOSSES THE RELEASEES MAY INCUR AS A RESULT OF MY LOSS OF PROPERTY, MY PERSONAL OR BODILY INJURY OR DEATH, MY INJURING ANOTHER PERSON AND/OR MY DAMAGING ANOTHER PERSON'S PROPERTY WHILE PARTICIPATING IN THE ACTIVITY.**

Release of Liability, Indemnification and Assumption of Risk Agreement, Cont'd

THE INDEMNITY OWED BY ME AS SET FORTH HEREIN IS SPECIFICALLY INTENDED TO INCLUDE CLAIMS CAUSED, OR ALLEGED TO HAVE BEEN CAUSED, IN WHOLE OR IN PART, BY THE RELEASEES' OWN NEGLIGENCE.

Initial **Release:** In consideration for facilitating my participation in the Activity described above, I release, discharge, and agree not to sue the Releasees for any claims, demands, actions, and causes of action of any nature whatsoever, including without limitation any claims of negligence, arising out of any loss or damage to my property and/or any personal injury or death, that I may sustain, whether or not caused by the negligence of any of the Releasees, while participating in the Activity, whether supervised or unsupervised, or while in transportation to or from the Activity.

THE RELEASE, DISCHARGE, AND COVENANT NOT TO SUE SET FORTH HEREIN IS SPECIFICALLY INTENDED TO INCLUDE CLAIMS CAUSED, OR ALLEGED TO HAVE BEEN CAUSED, IN WHOLE OR IN PART, BY THE RELEASEES' OWN NEGLIGENCE.

Initial **Intent:** I intend that this Activity Release of Liability, Indemnification and Assumption of the Risk Agreement bind not only me, but also the members of my family and my spouse, and my heirs, assigns, and personal representatives. I intend this as a release, discharge, and promise not to sue the Releasees. I further agree that this Release of Liability, Indemnification and Assumption of Risk Agreement should be construed in accordance with the laws of the State of Texas.

Initial **Free Act:** I acknowledge that I have read and understand this Release of Liability, Indemnification and Assumption of the Risk Agreement and understand that it is legally binding. I understand it and sign it voluntarily as my own free act.

I certify that I am of lawful age (18 years or older) and legally competent to sign this Agreement.

Signature of Participant

Date