

# PWHF Volunteer Application



## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Availability

During which hours are you available for volunteer assignments?

- Weekday mornings       Weekend mornings  
 Weekday afternoons       Weekend afternoons  
 Weekday evenings       Weekend evenings

## Interests

Tell us in which areas you are interested in volunteering (Check all that apply)

- Administration  
 Events  
 Field work  
 Fundraising  
 Deliveries  
 Phone bank  
 Newsletter production  
 Volunteer coordination

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

## Previous Volunteer Experience

Summarize your previous volunteer experience.

### Person to Notify in Case of Emergency

Name (Relationship)	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

I currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me.

In consideration for participating in PWHF Activities / Events, I assume responsibility for all my actions while at PWHF Museum (712 8<sup>th</sup> Street, Suite 100, Wichita Falls, TX) or other facilities, traveling to and/or from any such facility, or engaged in an activity under the supervision of PWHF Volunteer leader or Board of Directors, and/or other activity leaders.

Furthermore, I \_\_\_\_\_, release the State of Texas, the PWHF Board of Directors, and their officers, employees and agents and volunteers for any loss, personal injury, accident, misfortune or damage to myself or my property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of myself and my property.

I authorize the use of my name, voice, photograph, likeness, performance and/or biography by PWHF, the Board of Directors, Wichita Falls, TX, and their officers, employees and agents in connection with any use of a product arising out of My Participation in the above-described Activities. I authorize PWHF to obtain and hold copyrights in such Program and products, and to edit my performance and materials in its sole discretion.

I understand that PWHF has no obligation to air the Program, and that I will receive no monetary compensation for the rights granted herein. I understand and affirm that this Authorization and Release shall be considered consent to such use by PWHF under the provisions of the State of Texas Statutes.

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.