



AT THE LORRAINE MOTEL

Our Mission

The National Civil Rights Museum, located at the historic Lorraine Motel, honors and preserves the legacy of Dr. Martin Luther King Jr. We chronicle the American civil rights movement and tell the story of the ongoing struggle for human rights. We educate and serve as a catalyst to inspire action to create positive social change.

Volunteer Application

All information you provide will be kept confidential. **Please print clearly.**

Personal Information

Name: _____
Title (Mr., Mrs., Ms.) First Name MI Last Name

Address: _____
Number & Street Apt. # (if applicable) City State Zip County

Home Phone: () _____
Work Phone: () _____
Cell Phone: () _____

Email: _____ Birth Date: _____
Month Day Year

Are you 18 years or older? Yes ☐ No ☐

Program Interests

Why do you want to be a volunteer? _____

What type of Volunteer work do you desire? (Check all that apply)

Finance:

Accounting ☐

Retail

Museum Store Support ☐
Museum Store Inventory ☐

Development:

Volunteer Program ☐
Communication ☐
Community Outreach ☐

Operations:

Visitor Service Rep ☐

Event Logistics ☐

Facility Set-Up ☐

Technology ☐

Hospitality:

Host/Hostess ☐
Entertainment ☐

Interpretation/Curatorial/Education:

Tour Guide ☐

Archiving ☐

Special Events ☐

Clerical Support ☐

Other (list below): _____

Volunteer Time Available: Morning _____ Afternoon _____ Evening _____ Weekend _____

Days Available (Check all that apply) Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐

Education, Experience & Skills

Last School Attended: _____ Degree/Diploma: Yes ☐ No ☐
Name of School Grade/Year

Training/Work Experience: _____ Hobbies: _____

Volunteer Experience: _____

Have you previously volunteered at the National Civil Rights Museum? Yes ☐ No ☐ If yes, for what programs and when? _____

Emergency Contact Information

Name: _____
Title (Mr., Mrs., Ms.) First Name MI Last Name Relationship

Home Phone: () _____
Work Phone: () _____
Cell Phone: () _____

Referrals

Please provide names and telephone numbers of friends or relatives that might be interested in volunteering at the National Civil Rights Museum:

Name: _____	Telephone: _____
Name: _____	Telephone: _____
Name: _____	Telephone: _____

Other Information

Have you ever been convicted of a felony? Yes ☐ If yes, please give the date, nature of the offense, and disposition:
No ☐ _____

What, if any, physical restrictions might affect your volunteer work? _____

Applicant Commitment

By signing this application I agree to serve as a volunteer and to commit to the following:

- To perform my volunteer duties to the best of my ability
- To adhere to National Civil Rights Museum rules and procedures, including record-keeping requirements and confidentiality of organization information
- To meet time, duty commitment and to provide adequate notice so that alternate arrangements can be made
- To act at all times as a member of the team responsible for accomplishing the mission of the National Civil Rights Museum
- I do hereby release the National Civil Rights Museum, its agents and representatives from any liability and responsibility that may arise in connection with my volunteer duties

Signature: _____	Date: _____
Print Name: _____	Date: _____

Liability Release

INSTRUCTIONS: You must be **16 years or older** to volunteer. If you are **under 16** a parent or legal guardian must also sign this waiver authorizing your participation in the volunteer program at the National Civil Rights Museum.

All volunteers Note: Please read carefully and print your information in the blanks below:

I, (your name) _____, understand that my becoming a volunteer with the National Civil Rights Museum is contingent upon the truthfulness and accuracy of answers contained herein. I recognize that any misrepresentation or omission of fact may be cause for dismissal. I also authorize the companies, schools, or persons named above to release any information they may have about me. I hereby release said companies, schools, or persons from all claims of liability for issuing such information. I understand that, if the position for which I am applying is offered to me, I may be required to submit to a background investigation. This investigation will cover employment, education, Department of Motor Vehicle, and criminal record checks. I understand the information obtained from this investigation will be confidential, but will be shared with me upon my request. Further, I understand and agree that my assignment is for no definite period and may be terminated at any time by me or the National Civil Rights Museum without prior notice. I am willing to undergo a medical examination, if requested, which may include screening for controlled substances, and I understand that successful completion of the examination is a condition of volunteering. I understand also that possession or sale of illegal drugs on the job or any violation of museum policies and procedures will result in discharge from volunteering.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

Signature: _____	Date: _____
Parent or Guardian Signature if under 18: _____	Date: _____

Upon approval of application, all volunteers must complete a 1-2 hour orientation that includes customer service training. Orientation must be completed before beginning of the initial volunteer assignment. Some positions may require screening.