

HAMMER MUSEUM Volunteer/Student Form

1. CONTACT INFORMATION								
a.	Name:	_____						
b.	Address:	_____						
c.	Telephone:	_____						
d.	Email:	_____						
e.	Are you 18 or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please indicate date of birth:		<i>(must be at least 15)</i>		
f.	How did you hear about volunteering or working at the Hammer?							
2. STUDENTS ONLY								
a.	Major/Minor:	_____						
b.	Student organization affiliations:	_____						
c.	Department:	_____						
d.	Supervisor:	_____						
e.	Weekly Hours:	_____						
f.	Anticipated Graduation Date (month/year):	_____						
g.	Work Study Award:	current	<input type="checkbox"/>	anticipated	<input type="checkbox"/>			
3. EDUCATION								
a.	Highest degree attained:	_____						
b.	Major:	_____						
c.	Institution:	_____						
d.	Are you currently attending school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, name of school:				
4. AVAILABILITY								
During which hours are you available for volunteer or work assignments?								
		MON	TUE	WED	THU	FRI	SAT	SUN
morning								
afternoon								
evening								
5. INTERESTS AND SKILLS								
a.	Tell us the areas in which you are interested in volunteering or working:							
b.	Summarize any special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports:							
c.	Any certifications and their expiration dates (e.g. CPR, First Aid):							
d.	Any languages:							
6. RELEVANT EXPERIENCE								
a.	Summarize your previous relevant experience:							
b.	Are you currently a Hammer volunteer or student worker? <input type="checkbox"/> Yes <input type="checkbox"/> No							
c.	Have you volunteered or worked for the Hammer in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	If Yes, indicate dates of service:		to	Volunteer	<input type="checkbox"/>	Work	<input type="checkbox"/>	Department:

7. EMERGENCY CONTACT

- a. **Name:** _____
- b. **Relationship:** _____
- c. **Telephone:** _____
- d. **Email:** _____

8. AGREEMENT, RELEASE, AND SIGNATURE

By completing and signing this form, I affirm that the information I have provided is true and complete to the best of my knowledge. I authorize the Hammer Museum ("Hammer") to verify any information relevant to my suitability as a volunteer or student worker. I understand that if I serve as a volunteer or student worker, any false statements, omissions, or other misrepresentations made by me on this form may result in my dismissal.

I agree that Hammer may use my name, likeness, and voice in any photographic, video, or audio recordings of any part of my service at the Hammer.

I acknowledge that I am not covered by the insurance policies of the Hammer, The Regents of the University of California ("The Regents"), Oxy Westwood Corporation ("Oxy"), or CB Richard Ellis, Inc. and CBRE Real Estate Services, Inc. ("CBRE"), as Managing Agent (collectively, the "Entities"). I expressly assume any and all risks arising in any way out of my service at the Hammer. I hereby agree to release and discharge the Entities from all actions, claims, or demands resulting in any way from my service, and will indemnify and hold the Entities harmless from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees ("Claims"), in proportion and to the extent that such claims arise out of my negligence or misconduct in performing service.

Notwithstanding the above, I agree to report any injury sustained during my service promptly to Hammer Human Resources and that such injuries may be covered under The Regents' Workers Compensation program. If any portion of this form is determined to be invalid or inapplicable, whether with respect to students or for any other reason, it is agreed that the balance of this form shall continue in full legal force and effect.

Volunteer/Student name (printed): _____

Signature: _____

Date: _____

PARENTAL CONSENT (REQUIRED OF YOUTH VOLUNTEERS/WORKERS UNDER 18, MINIMUM AGE 15)

Parent/guardian name (printed): _____

Signature: _____

Date: _____

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University of California (which manages the Hammer Museum) to provide the following information to individuals who are asked to supply information about themselves:

- The principal purpose for requesting the information on this form is to evaluate qualifications of prospective volunteers. University policy authorizes the maintenance of this information.
- Furnishing the information is mandatory.