



Our Mission

The National Civil Rights Museum, located at the Lorraine Motel, the assassination site of Dr. Martin Luther King, Jr., chronicles key episodes of the American civil rights movement and the legacy of this movement to inspire participation in civil and human rights globally, through our collections, exhibitions, and educational programs.

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 Day: _____
Month Day Year

Are you over 18 years of age? 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
- Gift Shop Support
- Inventory

Development:

- Volunteer Program
- Communication
- Community Outreach

Operations:

- Visitor Service Rep
- Event Logistics
- Facility Set-Up
- Technology

Hospitality:

- Host/Hostess
- Entertainment

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) Sun Mon Tues Wed Thurs Fri Sat

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 No If yes, please give the date, nature of the offense, and disposition: _____

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: _____

Parent or Guardian Signature: _____ Date: _____

Liability Release

INSTRUCTIONS: You must be 18 years or older to volunteer. If you are under 18 years old, a parent or legal guardian must also sign this waiver and accompany you, unless you are with an organized, chaperoned group which has permission to participate.

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: _____ Date: _____

Upon approval of application, all volunteers must complete a 2-hour orientation that includes customer service training. Training sessions must be completed before beginning their assignment. Some positions do require screening.

Please mail completed application to:
National Civil Rights Museum, Attn: Volunteer Program, 450 Mulberry Street, Memphis, TN, 38103.
Tel: (901) 521-9699, ext. 237 Fax: (901) 527-1229 Email: volunteer@civilrightsmuseum.org