



**Our Mission**

The Institute for the Preservation of American-American Music and Arts is the educational and cultural initiative of the Mother Kathryn Daniels Conference Center. This initiative is designed to preserve the rich tradition of African-American artistic contributions in the performing and visual arts. Its goal is to integrate the arts into academic achievement and performance utilizing science, technology, engineering and mathematics.

# 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 Institute for the Preservation of African American Music and Arts?    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: (    ) \_\_\_\_\_

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## Referrals

Please provide names and telephone numbers of friends or relatives that might be interested in volunteering at the Institute for the Preservation of African American Music and Arts:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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## Other Information

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

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

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## 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 Institute for the Preservation of African American Music and Arts 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 Institute for the Preservation of African American Music and Arts
- I do hereby release the Institute for the Preservation of African American Music and Arts, 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: \_\_\_\_\_

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## 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 Institute for the Preservation of African American Music and Arts 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 Institute for the Preservation of African American Music and Arts 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 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:  
IPAMA, Attn: Volunteer Program 3500 West Mother Daniels Way, Milwaukee, Wisconsin 53209.  
Tel: (414) 466-1800 Fax: (414) 466-4930 E mail: volunteer@i-pama.org