



# The Mural Conservancy of Los Angeles | Volunteer Application

Welcome! Thank you for your interest in volunteering and being a part of our mission.  
Information provided on this form is strictly confidential and is used for recruitment and placement purposes.  
All MCLA volunteer applicants must 18 years or older.

## General Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Do you know any MCLA staff, interns, or volunteers? No  Yes  If so, please provide their name(s):

\_\_\_\_\_  
\_\_\_\_\_

## Background

Check all that apply:  Employed Full-Time  Employed Part-Time  Retired  College Student  Other: \_\_\_\_\_

Name of Employer/School: \_\_\_\_\_

Occupation and/or course of study: \_\_\_\_\_

List any previous or current volunteer experience. Please include length of service and your duties.

\_\_\_\_\_  
\_\_\_\_\_

Why would you like to volunteer at MCLA?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical limitations/restrictions which would need accommodations? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? No  Yes  If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

## Areas of Interest

From the list below, mark all the areas that apply to your interests and abilities. Information you provide will allow MCLA to find a suitable placement for you. MCLA provides additional training in some areas.

### Development

- Membership
- Research, Data entry/Typing
- Outreach/Recruiting

### Special Events

- Event set-up
- Event volunteer
- Marketing/Promotion

### Education

- Tours
- Exhibitions/Lectures
- Teaching, presentations

### The Arts

- Conservation
- Preservation
- Archiving

## Special Skills

Please mark all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Previous museum, gallery/tour docent experience                   | <input type="checkbox"/> Fundraising   |
| <input type="checkbox"/> Outreach and recruitment  | <input type="checkbox"/> Event organizing                                    |
| <input type="checkbox"/> Interest in the visual arts                                       | <input type="checkbox"/> Public speaking skills                              |
| <input type="checkbox"/> Knowledge of art history, public art history, Los Angeles history | <input type="checkbox"/> Interacting with students                           |
| <input type="checkbox"/> Experience using digital camera devices                           | <input type="checkbox"/> Clerical office support/filing/photocopy/data entry |
| <input type="checkbox"/> Research  | <input type="checkbox"/> Computer savvy                                      |
| <input type="checkbox"/> Addressing, preparing mailings                                    | <input type="checkbox"/> Foreign language skills, please specify: _____      |

Please list any additional skills, interests, and/or talents that might be valuable to your volunteer service.

## Availability

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10:00am-2:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00pm-6:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the specific shifts listed above do not fit your schedule, please indicate the times you are available:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

Please specify how often you would like to volunteer:

- Once a Week  Twice a Week  Every Other Week  Other: \_\_\_\_\_

- I am willing to be trained and participate in ongoing training sessions.
- I am willing to commit to a designated day(s) of the week.
- I would like to work on special events and projects.
- I am available to help with last minute volunteer needs.

## Emergency Contact Information

Please list two contacts that should be notified in the case of an emergency.

Last Name: _____	First Name: _____
Home Phone: _____	Cell Phone: _____
Relationship: _____	

## References

Please list two professional/personal references that can speak highly of your experience, skills, and abilities.

Last Name: _____	First Name: _____
Home Phone: _____	Cell Phone: _____

## Volunteer Agreement

I agree that the information provided on this application is true and complete, and I have not knowingly withheld any information. I understand that misrepresentation shall be sufficient grounds for disqualification from MCLA's Volunteer Program. I hereby authorize MCLA to verify any information contained in this application.

I also understand that, if I become a volunteer at MCLA, a commitment to upholding the mission of MCLA will be expected, In addition to maintaining a respectful working relationship with staff and volunteers, and sustaining an environment of integrity and dignity. I agree to hold confidential all privileged and/or sensitive information, which I may obtain directly or indirectly, concerning MCLA, its members and staff (including employees and volunteers). I agree to comply with all policies and procedures, as well as safety practices in all areas of MCLA and understand that my failure to comply with the aforementioned will result in the termination of my volunteer position.

I hereby remise, release, and forever discharge and agree to indemnify MCLA, and each of their officers, directors, employees, and agents harmless from and against any and all causes of action, suits, liabilities, costs, debts, and demands whatsoever, including without limitations attorney fees and disbursements, arising from or occasioned by my participation in MCLA programs.

In addition, I consent to emergency medical attention in the event that I am unable to give my consent.

I have read the above statement and agree to the terms and conditions outlined within it.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

Thank you for completing this application and for your interest in volunteering with us! Please return completed application via, fax, mail, or email to:

**The Mural Conservancy of Los Angeles**

ATTN: Volunteer Coordinator

155 W. Washington Blvd. Suite G6

Los Angeles, CA 90015

T: 213.291.6900 | F: 213.291.9664 | E: [info@muralconservancy.org](mailto:info@muralconservancy.org)

[www.muralconservancy.org](http://www.muralconservancy.org)