**Programmes Volunteer Registration Form**

* Volunteer roles may include front-of-house; to assist or facilitate workshops; crowd control or logistic matters – depending on individual event needs.
* For conducting museum tours, please refer to this [link](http://www.singaporeartmuseum.sg/support/docent.html) for more information on SAM Docents.
* Applicants under 18 should submit the form through their parent/legal guardian.
* Please complete and email this form to [programmes@singaporeartmuseum.sg](mailto:programmes@singaporeartmuseum.sg).

*Please include / attach a*

*recent photo.*

**Applicant Particulars**

Title:First/Given name:      Last/Family name:

Age: IC no.:

Contact no.:      Email address:

Home address:

Occupation/Industry:

Medical condition(s): If yes, please specify:

**In-Case-of-Emergency Contact *(If Applicant is below 21, contact person must be an immediate relative)***

Name #1:       Relationship:       Contact no/s.:

Name #2:       Relationship:       Contact no/s.:

**Qualification**

Highest education qualification attained:       Name of institution:

Language proficiency (spoken):

Art background (Qualification/Interest):

**Volunteering Experience**

Name of institution volunteered:

Type of volunteering work done:

Tell us about your experience as a volunteer and/or achievements in school and/or at work :

**Volunteering Interest**

1. What are the reasons you want to volunteer with SAM?

CIP hours, please specify duration:

Interest in art/museums

Recommendation by word of mouth

Others, please specify:

1. When are you available for volunteer work?

Weekdays anytime  Weekends

Weekdays before 6pm  Public holidays

Weekdays from 6pm  Anytime

1. What skills can you contribute as a volunteer?

Front of house/Usher  Programme planner

Logistics/Setup  Public speaking/Emcee

Event facilitation  Graphic design/Photography

Children’s workshop facilitation

Workshop instructor, please specify skills:

Others, please specify:

1. What kind of programmes are you interested in?

Festival/Open House  Film screening

Children’s workshop  Performance

Talk/Tour

Others, please specify:

1. Have you visited any exhibitions at the museum in the last six months? If yes, please specify:

**Applicant Acknowledgement**

I, the undersigned Applicant, hereby agree to serve as a Singapore Art Museum (SAM) Volunteer. I affirm the facts in this form are true and complete and that I have further read, understand and agree as follows:-

1. To perform my volunteer duties to the best of my ability.
2. To meet time and duty commitment, or to provide adequate notice so that alternate arrangements can be made.
3. I am fully aware of the possible risks involved which includes but is not limited to bodily illness, injury, emotional distress or economic loss that I may sustain directly or indirectly from my participation in the relevant activities and accept the same;
4. I do undertake to release and discharge SAM, its staff, volunteers, partners, or any other servants or agents from all liabilities, costs, claims, charges and expenses, for any accident, injury, loss or damage whether directly or indirectly by and/or myself/other person(s)/other organisation(s) that may occur in the course of, or as a result of volunteering with SAM.
5. In the event of any risk incidents, I agree to inform SAM immediately and assist with any necessary incident inquiry as may be necessary, as determined by SAM.

Insert Here Insert Here

Signature of Applicant Date

**Parent/Legal Guardian Consent and Indemnity *(Required for Applicants below 18)***

I, the undersigned Parent/Legal Guardian of the abovementioned Applicant, hereby give my consent for my child to volunteer and participate in the relevant activities organised by SAM. I assume the responsibility of educating and informing my child of the release, waiver and indeminity. I have carefully read this release, understand and agree with all of its terms and conditions. I also agree to undertake point 4 of the Applicant Acknowledgment herein.

Insert Here Insert Here Insert Here

Name and Signature of Parent/Legal Guardian Date Contact no.