



NORTH CAROLINA AUTO RACING HALL OF FAME

Our Mission Is To Celebrate And Enhance The Rich Heritage of Motor Sports And Its Cultural Contributions To Our Lives

VOLUNTEER APPLICATION

Thank you for considering the North Carolina Auto Racing Hall of Fame as the beneficiary of your time and talents. Please fill out this application so that we might utilize your skills and abilities to our mutual advantage.

Once the application is complete and returned, the Volunteer Coordinator will contact you for further information.

I. CHECK YOUR REASON FOR VOLUNTEERING:

School Credit

Interest in our Mission (preservation of race history and fundraising for SCAN)

Other. Please describe: _____

II. GENERAL INFORMATION

Name _____ Phone (____) _____ - _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

E-MAIL _____

Volunteer Work Preferred _____ Date Available to Start _____

What skills/training do you wish to utilize at NCARHOF?

Have you been convicted of a felony? YES NO

Please explain the nature of the felony, date, & state of conviction.

ARE YOU VOLUNTEERING FOR A ONE TIME EVENT? YES NO IF YES, WHAT EVENT?

HOURS AVAILABLE TO VOLUNTEER: (PLEASE FILL IN ALL TIMES THAT APPLY):

Museum Hours: M-F: 10am – 5pm; Sat: 10am – 3pm

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO

III. EMERGENCY CONTACT INFORMATION

NAME _____ RELATIONSHIP _____

HOME PHONE NUMBER (____) _____ - _____

WORK/MOBILE PHONE NUMBER (____) _____ - _____

ARE YOU ABLE TO LIFT 25 LBS. OR MORE WITHOUT ACCOMMODATION? (Check ONE) YES NO

IV. AGREEMENT - PLEASE READ CAREFULLY

As a North Carolina Auto Racing Hall of Fame Volunteer, I will help NCARHOF achieve its mission to expose visitors from across the nation to the rich national auto racing history of this country in general and North Carolina in particular.

All information provided by me on this application for a volunteer opportunity is true and correct to the best of my knowledge. I understand that misrepresentation or omissions may be cause for rejection or may be cause for subsequent dismissal if I am to volunteer.

As a Volunteer, I may have access to privileged information and I understand the need to keep that information confidential. It is my personal choice to volunteer at NCARHOF and I understand that I will not be paid while volunteering.

Applicant's Signature

Date

Please be advised that all information will be kept confidential. Upon receipt of this application, our office will contact you to discuss the status of your application. If you have questions or require further information, please contact the Volunteer Coordinator at North Carolina Auto Racing Hall of Fame.

RETURN VOLUNTEER APPLICATION TO:
North Carolina Auto Racing Hall of Fame
ATTN: VOLUNTEER COORDINATOR
119 Knob Hill Road, Mooresville, NC 28117
Phone: (704) 663-5331 Fax: (704) 663-6949

NORTH CAROLINA AUTO RACING HALL OF FAME NON-BINDING STATEMENT OF UNDERSTANDING

NCARHOF and Volunteer _____ (Print Name of Volunteer)

PURPOSE: NCARHOF encourages maximum involvement of volunteers. This involvement promotes good community relations and allows us to enhance our mission.

Most services provided by volunteers do not require special skills. A staff member will provide training and guidance, and will answer your questions. In making assignments to specific duties within NCARHOF, we are asking you to share your abilities to assist us where you are needed the most.

Feel free to discuss any concerns you may have about the volunteer program with the volunteer coordinator. We hope that you will benefit from your volunteer experience. We welcome you as a member of the growing community of individuals whose lives have been enriched by NCARHOF's efforts to help others.

Whether you are serving as an individual volunteer or as part of a small group, you provide valuable assistance to NCARHOF. As you contribute your talent, time, and energy, we hope you know that your assistance benefits the needs of the entire community.

VOLUNTEER RESPONSIBILITIES: We ask that our volunteers:

- Be sincere in your offer of service and believe in the value of the job to be done.
- Be willing to learn.
- Be willing to participate in orientation and training.
- Work to understand the function of the staff and maintain a smooth working relationship with them.
- Stay within the bounds of volunteer responsibility.
- Accept the guidance and decisions of the volunteer coordinator.
- Maintain the dignity and integrity of volunteer service with the public.
- Carry out your assigned duties promptly and reliably.

LIABILITY: All accidents must be reported immediately to the manager on duty or to the volunteer coordinator. NCARHOF does not provide insurance coverage for volunteers. In the event of an accident the volunteer is responsible for obtaining and paying for treatment.

TIME: Days and hours will be agreed upon by the volunteer and the volunteer coordinator.

VOLUNTEER STATUS: This statement of understanding is not an offer of employment or a promise of future employment. Individuals working at the North Carolina Auto Racing Hall of Fame are considered to be volunteers and therefore, not entitled to any form of compensation or employer funded benefit programs.

WORK SITES: The Volunteer Coordinator and the volunteer will agree upon the exact type of service to be performed and location of the work site location.

EMPLOYMENT: North Carolina Auto Racing Hall of Fame is under no obligation to hire any volunteer participating in the program.

I, _____, agree to abide by the statements listed above. By signing this agreement, I state that I have received instructions in full understanding of my duties as a volunteer. I understand that this agreement may be cancelled by either party upon notice to the other.

VOLUNTEER INFORMATION: REQUIRED SIGNATURES:

Printed Name

Volunteer Signature

Address

City, State, Zip

Volunteer Phone

Coordinator Signature

Date

Date

****FOR OFFICE USE ONLY****

Notes: