

Hours of Operation:  
Tuesday – Friday  
10 AM – 4 PM.

Phone: (228) 875-6732  
Email: themaryc@oceansprings-ms.gov  
1600 Government St.  
www.themaryc.art



**MCOK USE:**

- ☐ Background Check  
☐ Liability Form

**MARY C O'KEEFE VOLUNTEER APPLICATION FORM**

**CIRCLE ONE:**      Adult      Junior

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_  
(please print neatly)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

What days or hours are you available?

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

EMERGENCY CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATION: \_\_\_\_\_

**CIRCLE THE JOBS YOU WOULD BE COMFORTABLE IN ASSISTING:**

Greeting/Front Desk	Gift Shop/Ticket Sales	Docent
Beautification/Decorating	Event Volunteer	Rentals
Gallery Installations	Gardening	Theater Volunteer

Identify other areas of interest or skill sets you may provide:

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

**REFERENCE**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

*For questions regarding the Volunteer Program, please feel free to call, text, or email me.  
Thank you in advance for your interest.*

Angela Klein | Volunteer Coordinator | (518) 925-2405 or (228) 872-6732 | [angklein@gmail.com](mailto:angklein@gmail.com)

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## **VOLUNTEER LIABILITY AND PHOTO RELEASE FORM**

In consideration of the opportunity to participate in volunteer opportunities (collectively known as "Opportunity") at the Mary C O'Keefe Cultural Arts Center and the services rendered by the Mary C O'Keefe Cultural Arts Center, its staff, agents and other representatives (collectively, the "Mary C"), the undersigned hereby acknowledges and agrees as follows:

I acknowledge that activities conducted in the course of the Opportunity may entail known or unanticipated risks which could cause harm to me or third parties or damage to property.

I certify that I have no medical or physical conditions which could interfere with my safety or the safety of others in connection with my participation in the Opportunity, and I hereby assume and agree to bear the costs of all risks that may be created, directly or indirectly, by any such condition, whether or not disclosed to the Mary C.

My participation in the Opportunity is purely voluntary. I expressly accept and assume all risks associated with my participation in the Opportunity.

Volunteer, including his/her/its heirs, member, assigns, agents, and/or representatives, agrees that the City shall not be liable for any injury or damages, whether to person or property, originating in contract, tort, equity, or otherwise, associated with Volunteer's use of the facility, inside or outside the subject building. Volunteer further agrees to hold harmless, defend, release, covenant not to sue, and indemnify the City for any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by Volunteer, a third party, and/or any other person, whether based in tort, contract, or equity, whether caused by the negligence of the City or otherwise, that is in any way associated with Volunteer's participation in the Opportunity.

Volunteer grants the Mary C permission to use, reproduce, print, and/or publish Volunteer's name, likeness, image, voice, and/or appearance in any media, including but not limited to photographs, video recordings, and digital images. Volunteer agrees that the Material may be used for any purpose consistent with the Mary C's mission, including news releases, advertisements, publications, marketing campaigns, media coverage, web sites, and any other promotional or educational materials.

**I have read this Liability and Photo Release in its entirety; I understand it and I agree to be bound by its terms.**

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Parent Signature (if volunteer is a minor): \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_



## City of Ocean Springs – Background Check Form

### *Authorization for Inquiry and Release of Information*

Having made application for programming with the City of Ocean Springs, Mary C. O'Keefe Cultural Arts Center, I hereby authorize the City to research and make inquiry of my history and records including academic, military, employment, judicial, criminal, driving record, personal references, and/or online social networking pages. I further authorize the release of all such information to the City, and I agree that such organization persons, and others shall not be held liable for such information or damages that may result from furnishing the information requested. I understand my rights under the Act of 1974, with regard to access and disclosure of records, and I wave these rights with the understanding that information furnished will be used by the City of Ocean Springs for the \_\_\_\_\_.

This Authorization will be valid whether as an original, a photocopy, or a fax copy, and remains valid for one year after I sign. Upon request, a copy of this signed Authorization may be furnished to the present or former employer, criminal justice agency, or other persons and organizations asked to provide information.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

\_\_\_\_\_

Middle Initial: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Have you ever worked or attended school under any other name?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, What Name(s) \_\_\_\_\_

Mailing Address, Including Apt or Lot # if applicable

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Physical Address, if different from mailing address

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Previous Address, if less than two years at current address

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Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date:

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date:

\_\_\_\_\_

\*\*\*DO NOT MARK BELOW THIS LINE OFFICIAL USE ONLY\*\*\*

REQUEST FOR CRIMINAL BACKGROUND CHECK FOR \_\_\_\_\_

Date Requested: \_\_\_\_\_ Reason/Position: \_\_\_\_\_

Requested By: \_\_\_\_\_

Passed: \_\_\_\_\_

Failed: \_\_\_\_\_

Reason/Comments:

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*Questions or concerns? Contact Arts & Culture Coordinator, Sarah Qarqish at [sqarqish@oceansprings-ms.gov](mailto:sqarqish@oceansprings-ms.gov), or call (228) 875-6732 for more information.*