



New Volunteer Application—Adult

Gilbert House Children’s Museum relies on volunteers to enrich the experience of its visitors. Gilbert House Children’s Museum is committed to equal volunteer opportunity in all of its program practices. In appointing volunteers, it is important that the requirements of the position match the skills, interests, and time availability of the volunteer. All information provided by this application is confidential and will not be shared with anyone outside Gilbert House Children’s Museum staff. A parent permission form must be signed and on file for volunteers under 18 years of age. The completion of a criminal and civil background check will be required for volunteers over 18 years of age. Acceptance of this application does not imply placement to a volunteer position at Gilbert House Children’s Museum and please allow us 2-3 weeks to assess placement opportunities for you.

Personal Information

Name _____ Date _____

Phone _____ Birthdate _____

Email _____

Address _____

City _____ State _____ Zip _____

How did you learn about volunteer opportunities at Gilbert House Children’s Museum?

Volunteer Type/Duration

- Direct Service (working with children/families)
- Indirect (not working directly with children/families, but supporting the staff and volunteers who do)
- On-site (at the museum)
- Off-site (community fairs or events)
- Ongoing
- One-time
- Short-term/Seasonal
- Other _____

Availability

When are you available to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Qualifications/Experience

Have you volunteered at Gilbert House Children’s Museum in the past? **No** **Yes** When?



Special Skills

Describe your specialized skills, talents, and interests: Skill Level: Beginning Intermediate Expert

- A) _____
- B) _____
- C) _____

Education

Select the highest degree acquired: High School/GED Associate's Bachelor's Master's PhD

Name of school(s) _____

Employment

Employer Name _____ Your Position _____

Emergency Contact Information

Primary Emergency Contact Person _____

Relationship _____ Phone _____

Please list any allergies or medical conditions of which museum staff should be aware:

Publicity Consent

May we have your permission to take a photo or video of you during our events or other volunteer opportunities and use it for promotional purposes? **Yes** **No**

Liability Release

It is understood that as a participant in the Volunteer Program, you are not an employee of Gilbert House Children's Museum. By signing this application, you agree to release Gilbert House Children's Museum from all liability in the event of an accident, injury, or illness that occurs while you are volunteering, as well as any damage, accident, or injury that may be caused by you against another volunteer or guest of Gilbert House Children's Museum.

I hereby affirm and certify that all information provided in this volunteer application is true and complete. I understand that Gilbert House Children's Museum will rely upon the accuracy and truth of this information. Any significant omissions or falsifications are basis for immediate dismissal. I understand that Gilbert House Children's Museum will require a background check or parent permission prior to volunteer assignment.

Applicant Signature _____ Date _____

Print Name _____

****Return completed Volunteer Applications to Volunteer Coordinator****



Criminal History Background Statement

Last Name _____ Date _____

First Name _____ Full Middle Name _____

Maiden/Other Names Previously Used _____ Gender M F

Street Address _____

City, State, ZIP _____ Phone _____

Social Security Number _____ Date of Birth _____

Other states where you have resided as an adult (age 18 and older): _____

Note: Please answer all questions on this form.

Missing or incomplete information may cause your application to be delayed or rejected.

1. Have you ever been convicted of a sex-related crime? *(circle one)* Yes No
 If yes, did the crime involve force or minors? Yes No
 If yes, was the conviction in Oregon or another state? *(specify state)* _____
2. Has your record ever been expunged of a prior sex offense? Yes No
 If yes, was the conviction in Oregon or another state? *(specify state)* _____
3. Have you ever been convicted of a crime involving violence or the threat of violence? Yes No
 If yes, was the conviction in Oregon or another state? *(specify state)* _____
4. Have you ever had a restraining order placed against you because of violence? Yes No
 If yes, was the order issued in Oregon or in another state? *(specify state)* _____
5. Have you ever been convicted of a crime involving drugs or alcoholic beverages (incl. DUII)? Yes No
 If yes, was the conviction in Oregon or another state? *(specify state)* _____
6. Have you ever been convicted of any other crime except a minor traffic violation? Yes No
7. Have you been arrested for a crime for which there has not yet been an acquittal or dismissal? Yes No

I request and authorize the release of any and all information that is part of the public record concerning myself to A.C. Gilbert's Discovery Village for the purposes of pre-volunteer investigation, to include all entries wherein I have been mentioned as being arrested for any crime, violation, infraction or offense, any entry naming me as a suspect in any crime, violation, infraction or offense, and any entry naming me as a witness, victim, or complainant.

I, and all of my successors and heirs, hereby forever release A.C. Gilbert's Discovery Village and all of its officers and employees from any liability or damage, either direct or indirect, which may result from furnishing the requested information. I hold harmless any organization supplying the requested information from the provision or use of any information obtained regardless of whether it should be later proven to be factual or not factual.

I have the right to make a request to IntelliCorp Records, Inc, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp Records, Inc has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for dismissal.

Applicant's Signature _____ Date _____



VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY

1. I, _____, agree to work for Gilbert House Children's Museum as a volunteer.
2. As a volunteer, I understand that I control the dates and times when I do the work and that the Gilbert House Children's Museum will also schedule my volunteer work. I also understand that I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including employment insurance benefits upon the termination of this agreement or as a result of this service.
3. I am aware that participation as a volunteer may require periods of standing, lifting and carrying up to 40 pounds and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
4. As consideration for volunteering for Gilbert House Children's Museum, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim or sue Gilbert House Children's Museum or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents or contractors as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE GILBERT HOUSE CHILDREN'S MUSEUM AND ITS OFFICERS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE PROJECT.
5. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE PROJECT, I AM NOT COVERED BY GILBERT HOUSE CHILDREN'S MUSEUM WORKER'S COMPENSATION PROGRAM. I authorize Gilbert House Children's Museum to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.
6. I understand that the materials and tools provided by Gilbert House Children's Museum are and remain the property of Gilbert House Children's Museum, and I agree to return these tools and any remaining materials to Gilbert House Children's Museum at the end of my volunteer shift.
7. I understand that by signing this document, I agree to abide by the expectations and regulations set forth in the Gilbert House Children's Museum Volunteer Handbook, and any trespass of the Handbook is grounds for dismissal.
8. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS.
I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

Volunteer's Signature: _____ Date: _____

Volunteer's Name: _____

Volunteer's Phone #: _____

Volunteer's Email: _____

If volunteer is under 18 years of age, parent or guardian must read and sign the following:

This release, its significance, and assumption of risk have been explained to and are understood by the minor.

Parent/Legal Guardian's Signature: _____ Date: _____

(If volunteer is under 18 years of age)