



## New Volunteer Application—Youth

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							



Gilbert House  
Children's Museum

### 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

What school do you currently attend? \_\_\_\_\_

### 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**

*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\*\***



## Youth Volunteer Permission Form

Your son/daughter has asked to volunteer at Gilbert House Children's Museum  
Please complete this form if you will allow him/her to volunteer.

### General Information:

Youth Volunteer's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Work phone \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_

Work phone \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

### Permission to volunteer, please initial your approval:

\_\_\_ My son/daughter has permission to volunteer at Gilbert House Children's Museum.

\_\_\_ My son/daughter may ride with an Gilbert House Children's Museum staff person in a van or car for volunteer-related activities under proper supervision.

\_\_\_ My son/daughter may have his/her picture taken and used for publicity purposes.

### Permission for Medical Treatment, please initial your approval:

\_\_\_ In an emergency, Gilbert House Children's Museum has my permission to call an ambulance or take my son/daughter to any available physician or hospital at my expense. I understand that every effort will be made to contact me or the emergency contact person(s) as soon as possible.

**It is understood that as a participant in the Volunteer Program, your son/daughter is 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 your son/daughter is volunteering, as well as any damage, accident or injury that may be caused by your son/daughter against another volunteer or a guest of Gilbert House Children's Museum.**

\_\_\_\_\_  
Signature of Youth Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
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)*