



## Volunteer Application

### Newaygo County Museum & Heritage Center

P.O Box 361, 12 Quarterline Road, Newaygo, MI 49337 231-652-5003

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

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

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

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Work experience: \_\_\_\_\_

Prior volunteer activities: \_\_\_\_\_

#### Exhibit Gallery:

\_\_\_ **Greeters:** Welcome and assist guests, merchandise sales, explore local history between guests, etc.

\_\_\_ **Handy Person:** - Minor repairs, maintenance, exhibit construction, artifact transport, etc.

\_\_\_ **Custodial:** Dust, clean glass, vacuum, sweep, mop, floors, etc.

#### Research Department

\_\_\_ **Assistant:** Scan, copy, file, index, internet searches, exhibit research, assist guests, MS Office, etc.

\_\_\_ **Interviewer:** Record oral histories of local elders and others.

#### Education:

\_\_\_ **Field Trips/Summer Programs/Expos:** Leading, or assisting with kids' activities & games, prep, clean-up, etc.

\_\_\_ **Assistant:** Clerical, scheduling, data collection, etc. MS Office skills preferred.

\_\_\_ **Archaeology Dig:** Transport of students, tools, assist with dig, clean-up, exhibit prep, open house, etc.

#### Collections:

\_\_\_ **Assistant:** MS Office, data entry, scan/copy, clean, pack, photograph, inventory & transport artifacts, etc.

#### Other:

\_\_\_ **Events:** Assist with planning and execution of expo booths, parades, open houses, speaker series, etc.

\_\_\_ **Clerical:** Skilled in Word, Excel, Publisher, & PowerPoint . Able to work unsupervised and attentive to detail.

\_\_\_ **Other Skills:** (speaker, fiber arts, metal/wood craft, graphic/exhibit design, etc.) \_\_\_\_\_

# Newaygo County Museum & Heritage Center (NCMHC)

## Volunteer Disclosure/Waiver/Release

Have you ever been convicted of a misdemeanor? No / Yes - If yes, Date: \_\_\_\_\_ Charge: \_\_\_\_\_

Have you ever been convicted of a felony? No / Yes - If yes, Date: \_\_\_\_\_ Charge: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

I understand that a criminal history check may be obtained prior to my acceptance as a volunteer, and that by signing this form I agree to a criminal history check and to provide NCMHC my birthdate.

1. I agree to hold harmless the NCMHC and its employees, volunteers and/or representatives for all damages, claims, losses or other liability due to personal injury or death, or damage to property.
2. I understand that my duties as a volunteer *may* include activities that may be hazardous. I assume the risk of injury or harm in those activities I choose to do, and release the NCMHC from all liability for injury, illness, death, or property damage occurring from my work for the NCMHC.
3. I understand that the NCMHC does not have the responsibility for providing any health, medical, or disability insurance coverage for me.
4. I release and discharge the NCMHC from any claim that arises or may arise due to any first aid, medical treatment, or **service rendered to me. I understand that I may not be entitled to workman's compensation.**
5. I grant to NCMHC the right to use photographic images and video or audio recordings of me that are made by NCMHC or others during my performance as a volunteer for the NCMHC, including, royalties, proceeds, or other benefits from use of the photographs or recordings.
6. The NCMHC is eligible for some grants that require us to match the dollars received from the grant. Some of these grants allow us to use in-kind services as a portion of this match instead of actual dollars. Your volunteer time may be used as an in-kind service to help us earn our match for some grants. By signing this form, you consent to the use of your volunteer time as a possible in-kind match for any grants received by the NCMHC.
7. I agree that this release is intended to be as broad and inclusive as permitted by the laws of Michigan, and that this release is governed by and will be interpreted according to the laws of Michigan. I understand that should any part of this release be ruled invalid by a court, the other parts will remain valid and continue to be in effect.

**Please circle months and days available:**

January	February	March	April	May	June	July	August	September	October	November	December
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday					

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature if under 18 years: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_