Clouds Hill Museum

Volunteer Application

**General Information**

Name Click or tap here to enter text. Address Click or tap here to enter text.

City / State / Zip Code Click or tap here to enter text.

Home phone: Click or tap here to enter text.  It is okay to call me here

Work phone: Click or tap here to enter text.  It is okay to call me here

Cell phone: Click or tap here to enter text.  It is okay to call me here

E-mail Click or tap here to enter text. Birth date – month/day only Choose an item. Choose an item.

How did you hear about Clouds Hill? Choose an item.

**Volunteer Experience**

|  |  |
| --- | --- |
| 1 | 2 |
| Organization: Click or tap here to enter text. | Organization: Click or tap here to enter text. |
| Role: Click or tap here to enter text. | Role: Click or tap here to enter text. |
| Dates volunteered: Click or tap here to enter text. | Dates volunteered: Click or tap here to enter text. |
| Why did you leave? Click or tap here to enter text. | Why did you leave? Click or tap here to enter text. |

**Why are you interested in becoming a volunteer at Clouds Hill?** Click or tap here to enter text.

**Please describe any special needs that we should know about**. Click or tap here to enter text.

**Interest and Skills**

Please check all areas that you are interested in:

Docent  Collections Work  Exhibit Set-up  Gardening

Outside Maintenance  Events Assistance

Professional – A letter of donation for service provided to Clouds Hill will be given. Please indicate profession – ex: carpenter, electrician, painter, grant writer, etc. Click or tap here to enter text.

Please share any educational or training skills you feel are relevant: Click or tap here to enter text.

**References**

Please provide two (2) non-family references.

|  |  |
| --- | --- |
| 1 | 2 |
| Name: Click or tap here to enter text. | Name: Click or tap here to enter text. |
| Home phone: Click or tap here to enter text.  It is okay to call here | Home phone: Click or tap here to enter text.  It is okay to call here |
| Cell phone: Click or tap here to enter text.  It is okay to call here | Cell phone: Click or tap here to enter text.  It is okay to call here |
| Relationship: Choose an item. | Relationship: Choose an item. |

**Availability**

Please indicate which the days and times you would be available:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Times | MON | TUE | WED | THU | FRI | SAT | SUN | Holidays |
| Mornings |  |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |  |
| Evenings |  |  |  |  |  |  |  |  |

**How often would you like to volunteer?** Choose an item. for a total of Click or tap here to enter text. hours.

**Emergency Contact**

|  |
| --- |
| Name: Click or tap here to enter text. |
| Home phone: Click or tap here to enter text.  It is okay to call here |
| Cell phone: Click or tap here to enter text.  It is okay to call here |
| Email: Click or tap here to enter text. |
| Relationship: Choose an item. |

**Have you ever been convicted of a crime?**  No  Yes - please, explain: Click or tap here to enter text.

**Background check** I consent to Clouds Hill Victorian House Museum conducting a check on my criminal background.  Yes  No

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

**Volunteer Release** I certify that the facts in this application are true. I give permission for Clouds Hill Victorian House Museum to check the references I have listed.

Furthermore, I understand

1. that falsification, misrepresentation, or concealment of information on this application may be sufficient grounds for disqualification from further consideration for volunteering or immediate discharge and Anne D. Holst, Anne D. Holst Revocable Living Trust, and Clouds Hill Victorian House Museum shall not be held liable in any respect if my volunteering is so denied or terminated;
2. my services are being offered to Clouds Hill Victorian House Museum on a voluntary basis without anticipation of financial remuneration;
3. that the volunteer assignments are made on the needs of Clouds Hill Victorian House Museum and are in conjunction with my interests and skills;
4. that the volunteer assignments are contingent upon my attendance at required Clouds Hill orientations;
5. that I am expected to comply with all Clouds Hill policies and procedures pertaining to my role as a volunteer, a copy of which will be provided to me during orientation;
6. and have signed the attached the Volunteer Hold Harmless Agreement; and
7. I will be required to complete an Emergency Notification card when beginning my volunteer service.

I, (print full name) Click or tap here to enter text., (print “*have read and agree to the above*” on the following line) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

Applicants under the age of 18 must have this application signed by their parent or guardian as well.

Parent/Guardian Name/Relationship – please print Click or tap here to enter text.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Hold Harmless Agreement**

I, the undersigned volunteer, on behalf of myself and my heirs, hereby agree to indemnify, save and hold harmless Anne D. Holst, Anne D. Holst Revocable Living Trust, and Clouds Hill Victorian House Museum and any of their agents, representatives, employees, and assigns, and other volunteers for my health, safety, and any injury and/or disability arising out of or resulting from the volunteer activity in which I am participating.

Activities in which I may be asked to participate to complete my volunteer service include, but may not be limited to, walking on uneven and inclined indoor and outdoor surfaces, standing for extended lengths of time and working in warm summer conditions (high temperatures and humidity). I have prepared myself for the volunteer activity in which I am participating by adequately conditioning myself. I understand that it is my responsibility to avoid an assignment if I feel I would be at risk. Further, it is my responsibility to inform the volunteer coordinator or his/her designee if I feel I cannot complete my volunteer duty due to a health or safety issue, while engaging in my volunteer assignment.

I hereby represent that I have no restrictions that would prohibit my participation in the activity for which I have volunteered. I understand that the Clouds Hill Victorian House Museum does not provide liability insurance for me while I am participating as a volunteer.

By placing my signature below, I acknowledge I have adequate medical and hospital insurance for any injuries that I may incur as a result of my participation as a volunteer. I have read the above agreement/release and I understand and voluntarily agree to the terms and conditions, which shall be binding upon the heirs, administrators, executors, and assigns of the undersigned.

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

Applicants under the age of 18 must have this agreement signed by their parent or guardian as well.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return completed and signed application** (electronic signatures are not acceptable)**, and agreement, to:**

**Email office@cloudshill.org**

**Postal mail Clouds Hill Museum, P.O. Box 522, East Greenwich, R.I. 02818**

We will reach out to you after reviewing your application.

Thank you for your interest in Clouds Hill Museum

We look forward to meeting you!