

Stearns History Museum



Smithsonian Affiliations

VOLUNTEER APPLICATION

Personal Information

Name: _____ Date of Birth: _____

Address: _____

Cell: _____ Home: _____

Email: _____

Availability

Please Check:	SUN	MON	TUE	WED	THURS	FRI	SAT
Mornings	___	___	___	___	___	___	___
Afternoons	___	___	___	___	___	___	___
Evenings	___	___	___	___	___	___	___

Volunteer Interest

First time volunteering with SHM? Descriptions of volunteer opportunities are listed on the back of this page:

- PATRON SERVICES HISTORY INTERPRETER SPECIAL EVENTS
 RESEARCH CENTER FACILITIES

Relevant Work/Volunteer Experience

Employment: _____

Volunteer: _____

Relevant Skills/Knowledge

Please list any special skills or knowledge you possess which are relevant to the volunteer position you are applying for:

Emergency Contact Information

Contact information of person you would like us to contact in case of emergency while volunteering:

Name: _____ Relationship: _____

Cell: _____ Home: _____

SHM Volunteer Opportunities:

- **Patron Services:** Assist the Executive Assistant by greeting Museum patrons, answering phones, transferring phone calls to the appropriate Museum employee and assisting with purchases in the Museum store.
- **Research Center:** Assist the Research Center staff with research, digitizing photographs, encapsulating historical documents, transcribing oral histories, etc.
- **History Interpreter:** Volunteers who work with the Program Curator to offer educational tours to school groups and other organizations.
- **Special Events:** Volunteer at various Museum-sponsored events including, but not limited to: County Fairs, Halloween Historia, Kringfest, etc.
- **Facilities:** Assist the Facilities Manager by performing outdoor maintenance including: weeding, trimmings, planting, landscaping, sweeping, etc.

SHM Volunteer Release:

Photography Release

The undersigned volunteer hereby grants the Stearns History Museum, (hereafter referred to as the Museum), permission to take or have taken still or moving images both digital and print. The undersigned authorizes the Museum, its advertising agencies, news media, and any other person interested in the Museum and its work, to use and reproduce the images for the sole purpose of promoting the work of the Museum and its programming.

Waive and Release of Liability

In consideration of my choosing to volunteer for the Museum, I hereby acknowledge that there are certain risks of injury involved, and I knowingly and freely assume all such risks and responsibility for my participation. To the extent allowed by law, I agree to hold harmless the Museum, its staff, volunteers, board of directors, and representatives of all liabilities and all loss or damage to person or property which may occur while volunteering at or for the Museum.

Volunteer Confidentiality Agreement

I recognize that as a volunteer of the Museum, I may have access to confidential information concerning the Stearns History Museum, its patrons, members, donors, vendors, volunteers, board of directors, or other representatives. I consent to protect the confidentiality of the aforementioned Museum parties during and after volunteering for the Museum and agree that I will not reveal any information to a party exterior to the Museum that may interfere with the business of the Museum or injure its parties both directly and indirectly.

I certify that the information I have freely given in this application is true, correct and complete to the best of my knowledge.

Signature

Date

Print Name