

**VOLUNTEER APPLICATION FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth (DD/MM/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

**INTERESTS**

**Please check all that apply:**

- Events & Exhibit Openings
- Data Entry & Research
- Care of Collections
- Gallery Attendant

**EMERGENCY CONTACT**

Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

**Please check one of the following:**

- I am 18 or older and I have reviewed and agree with the contents in the attached waiver.
- I am 17 or under and understand that I am required to submit the waiver signed by my parents or guardian in order to volunteer.

# MUSEUM

STRATHROY-CARADOC

*Discover Our Story!*

## **VOLUNTEER WAIVER**

At all times, the privacy and dignity of clients, donors, volunteers and staff will be respected and the mission, vision and values of Museum Strathroy-Caradoc will be followed in accordance with the Museum's policies, standards and guidelines. As a Museum volunteer, I may have access to information and documents relating to clients, donors, volunteers and staff that are private and confidential in nature. All records are the property of the Museum and will be treated as confidential material; reasonable care and caution should be exercised to protect and maintain total confidentiality. No person shall read records or discuss such information unless there is a legitimate purpose.

I agree not to make any statements, written or verbal, or cause or encourage others to make any statement, written or verbal, that defame, disparage or in any way criticize the personal or business reputation, practices, or conduct of the Museum, their employees, directors, officers and volunteers. I acknowledge and agree that this prohibition extends to statements, written or verbal, made to anyone, including but not limited to, the news media, any board of directors or advisory board of directors, industry analysts, competitors, strategic partners, vendors, employees and volunteers (past and present), patients, donors and clients.

I grant the Museum permission to use any photographs or videotape images of me taken in the course of my involvement, and to use my name, image, comment(s) and information regarding my volunteer role, activities, affiliation and city of residence for the Museum's purposes in any media and territory in perpetuity.

I waive and release any and all claims for myself, my heirs, executors and administrators against the Museum and any other sponsor or organization involved, from any and all claims or liability for death, personal injury or property damage of any kind however caused, including any claim or liability arising from the negligence of the Museum, its agents, servants, or employees and of any person on site, arising out of, or in the course of, my participation as a volunteer for which I choose to participate. This Release and Waiver extends to all claims, foreseen or unforeseen, known or unknown.

Volunteer Applicant signature: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_