



Volunteer Application

<i>Volunteer Name</i>			
<i>Address</i>	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
<i>Phone</i>		<i>Email</i>	
Areas of Interest			
<input type="checkbox"/> Artifact Care <input type="checkbox"/> Carpentry <input type="checkbox"/> Collections <input type="checkbox"/> Electrical <input type="checkbox"/> Exhibits <input type="checkbox"/> Fundraising <input type="checkbox"/> Other	<input type="checkbox"/> Gift Shop <input type="checkbox"/> Interpretation <input type="checkbox"/> Marketing <input type="checkbox"/> Office Duties <input type="checkbox"/> Research <input type="checkbox"/> General Cleaning <input type="checkbox"/> Maintenance		
Times Available			
Days		Time	
Evenings		Time	
Weekends		Time	
Previous Experience			
Organization			
Length of Service			
Organization			
Length of Service			
Emergency Contact			
	<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
I agree to give permission to the museum to obtain information regarding my previous employment, education and/or volunteer background and perform a criminal record check as deemed necessary by the museum (at no cost to the volunteer).			
<i>Volunteer Signature</i>			<i>Date</i>



Partnership Agreement

Our museum warmly welcomes you as a volunteer! We are hopeful you will find your volunteer work challenging and enjoyable knowing that you are enhancing the services of one of Strathcona County's major cultural endeavours. The intent of the Partnership Agreement is to acquaint you, as a new volunteer, with our mutually agreed upon responsibilities. We also wish to assure you of our appreciation of your services and to indicate our commitment to do our best to make your volunteer experience here a productive and rewarding one.

I AGREE TO SERVE AS A VOLUNTEER AND COMMIT TO THE FOLLOWING:

- To be aware of and abide by the policies and procedures of the museum and carry out standard museum practices relative to the care and handling of artifacts/archives in the course of performing my volunteer duties.
- To maintain confidentiality of museum information.
- To wear the volunteer name tag when volunteering at the museum and to dress in an appropriate manner for the position assigned.
- To be courteous to visitors, conduct volunteer duties professionally and act as a goodwill ambassador in an appropriate and responsible manner for the museum while performing volunteer duties on or off site.
- To assist in ensuring the health and safety of our visitors, staff and volunteers is protected.
- To consider volunteer work as a serious commitment and be prompt and reliable.
- To provide adequate notice so alternate arrangements can be made if I am unable to fulfill my regular commitment due to exams, vacation or change in personal schedule.
- To ensure I never put myself in an unsafe situation or environment.
- To provide adequate notice before terminating position.
- To update personal information for volunteer resources when required.
- To ensure accurate record of volunteer hours served is recorded.

WE, THE STRATHCONA COUNTY MUSEUM & ARCHIVES, AGREE TO ACCEPT YOUR SERVICES AS A VOLUNTEER AND WE COMMIT TO THE FOLLOWING:

- To allow our volunteers access to the Policies and Procedures Manual.
- To provide adequate information, training, assistance and support for our volunteers to be able to fulfill the responsibilities of their volunteer position (includes general orientation and training).
- To be receptive to comments from our volunteers regarding ways in which we might mutually better accomplish our respective tasks.
- To support and encourage all volunteers in their efforts.
- To recognize volunteers based on the quantity of recorded hours and for the quality of performance.
- To review and provide feedback on your role of a volunteer.

AGREEMENT

- I agree to indemnify and hold harmless the museum, its officers and employees from any and all claims from any accident or injury while on museum properties or environs.
- I understand the responsibility and commitment required as a volunteer at the museum.

If the Volunteer is under 18 years of age, please complete the box below.

I permit my son/daughter to participate in the volunteer program at the museum.

Signature Parent/Guardian

Date

ACKNOWLEDGED AND AGREED TO this _____ day of _____ 200_____.

Volunteer

Manager/Curator