



## Fort Dalles Museum

### Volunteer Application and Placement Form

Thank you for your interest in volunteering for **Fort Dalles Museum**. We look forward to partnerships with volunteers to enable us to effectively serve the citizens of our community. In order to ensure the safety of our volunteers and protect the interests of **Fort Dalles Museum** we require potential volunteers to complete this questionnaire form and participate in a background check. Thank you for volunteering.

**Return completed application to: Fort Dalles Museum, 500 W. 15<sup>th</sup> Street, The Dalles, Oregon 97058**

Name		Daytime Phone	
Address		Evening Phone	
City/Zip		Email	

Are you under 18 years of age? (circle one)    YES    NO

Are you currently a Friend (member) of Fort Dalles Museum/Anderson Homestead? (circle one) YES NO

**Special Areas of Interest:**

Greeter/Docent     
  Facility/Grounds     
  Special Events     
  Exhibits  
 Computer     
  Education     
  Research     
  Collections Management

List the hours and days you are available and/or prefer. We are trying to schedule volunteers for full day shifts (10-5) or 4 hour shifts (10-2, 11-3, 12-4, 1-5).

Sun	Mon	Tue	Wed	Thu	Fri	Sat

**Special Skills, Training, or Knowledge**

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Foreign languages you speak and/or write \_\_\_\_\_

**Reference**

Name		Phone		Relationship	
Address			City/State/Zip		

**Reference**

Name		Phone		Relationship	
Address			City/State/Zip		

I give my permission for the named references to be contacted either verbally or in writing. I also understand that information obtained will be used only in conjunction with a **Fort Dalles Museum** volunteer position. All of the information on this application is true to the best of my knowledge.

**Employment (optional)**

Current Employer			
Type of business			
Your Job Title			
General Duties			
Supervisor's Name		Phone	

**Our Policy**

Volunteer applicants will be considered on an equal basis for all positions without regard to age, disability, race, color, national origin, sex, sexual orientation, veteran status, military status, association with members of a protected class, or any other protected class or work relationship recognized by Oregon or federal law.

*Thank you for completing this application form and for your interest in volunteering with us!*

**Volunteer Agreement and Signature**

I understand and agree to the following:

- I will keep all issues pertaining to city/county business confidential.
- I may be subject to background and motor vehicle record checks.
- I will adhere by OR-OSHA safety standards and training I am provided.
- I have read and understand the Volunteer Policy.

I hereby certify that the facts set forth in this volunteer registration are true to the best of my knowledge. I agree that if the information given in my registration, resume, or any other materials, or during any interview, is found to be false in any way, it shall be considered sufficient cause for denial of volunteer status. I understand that **Fort Dalles Museum** is not obligated to appoint me to a volunteer position and that nothing contained in the volunteer registration form is intended to create a contract between **Fort Dalles Museum** and me. In addition to the above items, I agree to comply with the policies, rules, regulations, and procedures of **Fort Dalles Museum** which I understand may change at any time and I understand that my volunteer status can be terminated with or without cause or notice, at any time, at the option of either me or **Fort Dalles Museum**.

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

REQUIRED FOR ALL MINORS:

**PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT**

I, \_\_\_\_\_, as parent or legal guardian hereby grant permission for \_\_\_\_\_ to do volunteer work for Fort Dalles Museum/Anderson Homestead. In the event of an emergency, accident, or illness, I authorize Fort Dalles Museum/Anderson Homestead and its employees to administer emergency medical care to my child and/or, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment. My signature below hereby represents that I have read, understand, and consent to this agreement.

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

Volunteer Registration and Waiver Form

***This is a Release and Waiver of liability, Assumption of Risk and Indemnity Agreement ("Agreement").***

- I make this Agreement for the benefit of **Fort Dalles Museum** and its supervisors/managers, elected officials, employees, agents, personal representatives, next of kin, heirs, successors and assigns (collectively, **Fort Dalles Museum**)
- I make this Agreement in consideration of **Fort Dalles Museum** providing me with the opportunity to participate as a volunteer in the above-described assignment.
- I accept full personal responsibility for all risks arising from or relating to this assignment.
- My participation as a volunteer, whether for this assignment or other volunteer tasks I accept **Fort Dalles Museum** is completely voluntary and I have neither received nor expect to receive any compensation for my participation in it.
- I agree to read, listen to and follow all safety instructions and procedures presented in conjunction with this assignment and to use my best judgment based upon my physical and mental abilities at all times, and to immediately terminate participation in this assignment or any other volunteer assignment I agree to undertake if activities become too strenuous, difficult, or hazardous for me. I am physically and mentally capable of participating in the Assignment described above without injuring myself in any manner.
- I agree to waive all liability of **Fort Dalles Museum** hold them harmless, indemnify them, discharge them, covenant not to sue them, and reimburse them for any liability, claims, sums, costs, or other expenses on my account that may be caused in whole or part by my participation with the assignment.
- I further agree that, despite this Release and Waiver of liability, Assumption of Risk and Indemnity Agreement, if I or anyone on my behalf makes a claim against **Fort Dalles Museum**, I will indemnify, save and hold harmless **Fort Dalles Museum** from any litigation expenses, attorneys' fees, loss, liability, damage, or costs that **Fort Dalles Museum** may incur as a result of such action.
- If I use a personally owned vehicle in the course of my duties, I understand I am required to have automobile liability insurance in accordance with Oregon law. I understand I MUST possess a valid driver's license and that I will immediately inform **Fort Dalles Museum** if my driver's license is suspended or revoked.
- I understand that I am **not** included and **not** covered by **Fort Dalles Museum's** workers' compensation insurance program during those times that I am working as a volunteer for **Fort Dalles Museum**].
- I understand that a photographer may be present to photograph the activities at the assignment and that I may be photographed while participating in the assignment. I agree that I will contact the photographer if I do not wish to be photographed. I give **Fort Dalles Museum** permission to use and publish photographs of me, or in which I may be included.

I have read this Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature.

Printed Name	Signature	Date