

# Clouds Hill Victorian House Museum

## Volunteer Application

**General Information:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Telephone: daytime \_\_\_\_\_ evening \_\_\_\_\_ cell \_\_\_\_\_  
 E-mail \_\_\_\_\_ Birth date – month/day only \_\_\_\_\_  
 How did you hear about Clouds Hill? \_\_\_\_\_

**Educational background:**

\_\_\_ High School \_\_\_ College: Major/Degree \_\_\_\_\_ \_\_\_ Graduate: Major/Degree \_\_\_\_\_

**Previous Work Experience:**

Company	Position	Dates	Why did you leave?

**Previous Volunteer Experience:**

Company	Position	Dates	Why did you leave?

**Why are you interested in becoming a volunteer at Clouds Hill?**

\_\_\_\_\_  
 \_\_\_\_\_

**How comfortable are you speaking in front of groups of people?**

\_\_\_ Very comfortable \_\_\_ Moderately comfortable \_\_\_ Not at all comfortable

**Does your health permit you to stand / walk for extended lengths of time?**

\_\_\_ Yes \_\_\_ No, please explain \_\_\_\_\_

**Please describe any special needs that we should know about.** \_\_\_\_\_

**References: Please list 2 references, other than family members:**

Name	Relationship	Telephone

**Please check all volunteer activities that you are interested in:**

- |                        |  |                         |
|------------------------|--|-------------------------|
| ___ Cataloging         | ___ Characterizations: dress in costume, no dialog | ___ Docent              |
| ___ Exhibit Set-up     | ___ Gardening                                      | ___ General Maintenance |
| ___ Holiday Decorating | ___ Hostess: during benefits                       | ___ Research            |

**Please indicate when you would be available for volunteering:**

January     February     March     April     May     June  
 July     August     September     October     November     December

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Holidays
Mornings								
Afternoon								
Evenings								

**Have you ever been convicted of a crime?**     No     Yes - please, explain: \_\_\_\_\_

**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;
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) \_\_\_\_\_, have read and agree to the above.

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 \_\_\_\_\_

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: \_\_\_\_\_

**Mail completed application and agreement to:**

**Clouds Hill Victorian House Museum, P.O. Box 522, East Greenwich, R.I. 02818**

Thank you for your interest in **Clouds Hill Victorian House Museum**