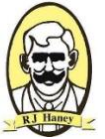


# Volunteer Application 2019



Name: \_\_\_\_\_  
(please print)

Address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Preferred Method of contact:  Phone  Email

**Please check the boxes of volunteer roles you might be interested in participating.** General descriptions can be located on the last page. If you would like more detail, contact the Volunteer Coordinator for further information. Our team can support you in any areas you are willing to volunteer. No experience? No problem! We will train or partner you with someone to assist you.

BBQ cook/grill	Parking & traffic assistance	Archives Department
Kitchen prep/counter orders	Reception/museum greeter	Gold panning demonstrator
Bussing & dishes	Silent auction assistant	Canvassing
Pancake griller	Wine server (19 yrs +)	Interpreter/tour guide
Food server	School/education programs	Blacksmith demonstrator
Ticket sales/cashier	House/exhibit cleaning	<i>Spooktacular: (various roles below)</i>
Ice cream server	Set up/take down	<i>Trail spooks/characters</i>
Gate admittance/cash	Gardening	<i>Storybook Path *(interactive)</i>
Crafts, games, face painting	House sitter	<i>crafts, stories, games, face painters</i>
Wedding/event decorating	Maintenance	<i>traffic/parking assistants</i>

**Would you be interested in depicting an individual relevant to Salmon Arm's History in one of our Exhibits? Material would be provided. Yes \_\_\_\_\_ Maybe \_\_\_\_\_ No thank you \_\_\_\_\_**

Availability:

- |                                |                                     |
|--------------------------------|-------------------------------------|
| <input type="checkbox"/> Sun   | <input type="checkbox"/> Fri        |
| <input type="checkbox"/> Mon   | <input type="checkbox"/> Sat        |
| <input type="checkbox"/> Tues  | <input type="checkbox"/> Mornings   |
| <input type="checkbox"/> Wed   | <input type="checkbox"/> Afternoons |
| <input type="checkbox"/> Thurs | <input type="checkbox"/> Evenings   |

**Special Skills or Qualifications:**

Are you capable of lifting 45 LBS? \_\_\_\_\_  
Do you have any of the following certificates/tickets?  
**Serving it Right**  **Food Safe**  **or First Aid**

**Do you have a current Membership with Salmon Arm Museum & Heritage Association? Yes  No**

**Salmon Arm Museum and Heritage Association at R.J. Heritage Village and Museum**

P/O. Box 1642, 751 Hwy 97B NE Salmon Arm, British Columbia, BC V1E 4P7

Ph: 250.832.5243 [volunteer@salmonarmmuseum.org](mailto:volunteer@salmonarmmuseum.org) Fax: 250.832.5291

[www.salmonarmmuseum.org](http://www.salmonarmmuseum.org)

[facebook.com/Haneyheritage](https://facebook.com/Haneyheritage)

## Volunteer Adult Waiver and Release of Liability

### PLEASE READ CAREFULLY:

In consideration of volunteering for the Salmon Arm Museum and Heritage Association at R.J. Heritage Village and Museum, I do hereby for myself, executors and administrators waive, release and forever discharge any and all rights and claims for damages, including any claims of loss, damages or injury to my person or property arising from my volunteer work for the Salmon Arm Museum and Heritage Association at R.J. Heritage Village and Museum, the owners of any event sites, any volunteers, their agents, representatives, successors and assigns.

I have read this waiver and knowing these facts I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue and waive, release and discharge volunteers, suppliers, agents, employees, and other personnel in any way whatsoever arising out of my participation, even though liability may arise out of negligence or carelessness on the part of Salmon Arm Museum and Heritage Association at R.J. Heritage Village and Museum.

By submitting this application I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. By submitting this application I consent to a possible criminal background check.

### Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Do you have any allergies or medical conditions you'd like us to be aware of?** \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

(please print)

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



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