

Volunteer Application 2021

Name: _____

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. 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.

| | | | | | |
|--------------------------|------------------------------|--------------------------|------------------------------|--------------------------|--|
| <input type="checkbox"/> | BBQ cook/grill | <input type="checkbox"/> | Parking & traffic assistance | <input type="checkbox"/> | Archives Department |
| <input type="checkbox"/> | Kitchen prep/counter orders | <input type="checkbox"/> | Reception/museum greeter | <input type="checkbox"/> | Gold panning demonstrator |
| <input type="checkbox"/> | Bussing & dishes | <input type="checkbox"/> | Silent auction assistant | <input type="checkbox"/> | Canvassing |
| <input type="checkbox"/> | Pancake griller | <input type="checkbox"/> | Wine server (19 yrs +) | <input type="checkbox"/> | Interpreter/tour guide |
| <input type="checkbox"/> | Food server | <input type="checkbox"/> | School/education programs | <input type="checkbox"/> | Blacksmith demonstrator |
| <input type="checkbox"/> | Ticket & Raffle sales | <input type="checkbox"/> | House/exhibit cleaning | <input type="checkbox"/> | <i>Spooktacular: (various roles below)</i> |
| <input type="checkbox"/> | Ice cream/Pop Corn server | <input type="checkbox"/> | Event Set up/take down | <input type="checkbox"/> | <i>Trail spooks/characters</i> |
| <input type="checkbox"/> | Gate admittance/cash | <input type="checkbox"/> | Gardening | <input type="checkbox"/> | <i>Storybook Path *(interactive)</i> |
| <input type="checkbox"/> | Crafts, games, face painting | <input type="checkbox"/> | House sitter | <input type="checkbox"/> | <i>crafts, stories, games, face painters</i> |
| <input type="checkbox"/> | Wedding/event decorating | <input type="checkbox"/> | Maintenance | <input type="checkbox"/> | <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"/> Mornings |
| <input type="checkbox"/> Mon | <input type="checkbox"/> Afternoons |
| <input type="checkbox"/> Tue | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Wed | |
| <input type="checkbox"/> Thurs | |
| <input type="checkbox"/> Fri | |
| <input type="checkbox"/> Sat | |

Special Skills or Qualifications:

Are you capable of lifting 45 LBS? Yes No

Do you have any of the following certificates/tickets?

Serving it Right Food Safe First Aid Other _____

Do you speak another language?

French German Spanish Other _____

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 Fax: 250.832.5291

volunteer@salmonarmmuseum.org www.salmonarmmuseum.org 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: _____

Signature: _____