#

# 2930 Old Oregon Trail, Gering NE 69361

# 308-436-1989

# info@legacyoftheplains.org

# www.legacyoftheplains.org

# Volunteer Information

Thank you for your interest in volunteering with Legacy of the Plains Museum! To help us find a volunteer opportunity that suits your interests and skills, please take a moment to complete **both sides** of this information form.

|  |
| --- |
| Contact Information |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  | Cell Phone |  |
| E-Mail Address |  | Date of birth |  |

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| --- |
| Availability |
| **What days and times are you available? How many hours per week are you able to commit?** |
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|  |  |

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| Interests |
| **In what general area would you like to help the museum? Please check all that apply.** |

\_\_\_COLLECTIONS (archive, research, library, artifact care, antique equipment repair)

\_\_\_SPECIAL EVENTS (parades, cemetery tour, Harvest Festival, holiday events)

\_\_\_MARKETING (community outreach, photography, social media)

\_\_\_PHYSICAL PLANT (cleaning, farming, construction, building maintenance, landscaping)

\_\_\_EDUCATION (living history, school tours, adult tour guides)

\_\_\_OFFICE (front desk host, data entry, clerical)

\_\_\_OTHER: please describe

**Please circle yes or no for each question:**

I am comfortable working with the public yes no

I enjoy working with children yes no

I am comfortable with computers yes no

I am comfortable with handling money yes no

**Why do you want to volunteer for the museum?**

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| Skills |
| **What skills or qualifications could you share with the museum (from work, volunteering, hobbies, etc.)?** |
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| References |
| **Please provide two professional or personal references.** **two references who are not family members** |
| Name |  |
| Phone |  | Secondary Phone |  |
| Email |  |
| Name |  |
| Phone |  | Secondary Phone |  |
| Email |  |

 |

**If you were referred to the museum by another museum volunteer, you may use them as a reference.**

|  |
| --- |
| Emergency contact |
|  |
| Name |  |
| Address |  |
| Primary Phone |  | Secondary Phone |  |

|  |
| --- |
| Agreement and Signature |
| * *I agree to donate my services to Legacy of the Plains and understand that I will not be paid.*
* *I agree to abide by Legacy of the Plains rules and policies, and I will work under the direction of its staff towards its mission.*
* *I agree that Legacy of the Plains may take photographs of me for publication in promotional materials.*
* *I understand that my volunteer services may be terminated if I do not abide by Legacy of the Plains rules and policies.*
* *I authorize Legacy of the Plains to investigate all statements made in this application and understand that a background check may be required for certain volunteer positions.*
* *I understand that Legacy of the Plains does NOT provide health insurance or Workers’ Compensation coverage, and should I incur an injury during a volunteer assignment, either onsite or offsite, I am fully responsible for my medical care.*
* *I understand that volunteer placement is a matching process between my skills and the needs of the museum and that I may not receive a placement right away.*

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Volunteers under age 18 must have permission of a guardian.****I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name) give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to volunteer with Legacy of the Plains Museum.**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |