



VOLUNTEER INFORMATION FORM

As a volunteer, you are an important member of our staff and act as a representative of our organization to the community at large. For a better understanding of what you can expect as a volunteer and what is expected of you by our organization, we ask you to read and sign the following volunteer contract.

Personal Information

Name: _____

Permanent Address: _____

Mailing Address: _____

Phone: _____ Cell: _____

Email: _____

Availability: Please check all applicable

Weekdays Special Events Workshops

Area(s) of Interest/Experience/Special Talents (i.e., woodworking, cooking, sewing, office skills)

Person to contact in case of an emergency:

Name: _____

Phone: _____ Relationship: _____

Do you have any medical conditions of which we should be aware?

Do you have any restrictions to the type of job you are able to perform?

Remick Country Doctor Museum and Farm will provide for you:

- ∞ Beneficial and life-enriching experiences
- ∞ General training sessions plus any specialized training for specific jobs
- ∞ Opportunities for social interaction with other volunteers
- ∞ An opportunity to learn about History and many other fields as well as a chance to learn how museums operate behind the scenes.

Remick Country Doctor Museum and Farm asks that you:

- ∞ Be willing to conduct a tour of the museum and farm and attend training sessions where applicable
- ∞ Choose an assignment within your abilities, interests, and time
- ∞ Conduct yourself in an appropriate manner at all times when dealing with visitors
- ∞ Be prompt and flexible
- ∞ Have fun and agree to ask questions if needed

Please read and sign:

I have voluntarily entered into an at-will volunteer employment relationship with the Remick Country Doctor Museum and Farm. Accordingly, either the Remick Country Doctor Museum and farm or I have the right to end this relationship at will, with or without cause or notice, at any time. I further understand that this Service Agreement is not an express or implied employment contract. I understand that it is my responsibility to perform my duties for Remick Country Doctor Museum and Farm to the best of my ability, to willingly participate in assigned activities or duties, and to comply with any Remick Country Doctor Museum and Farm policies. I certify that I have not been convicted of any felonies. I also certify I do not have any medical condition that prevents me from carrying out my duties including but not limited to working with children.

Volunteer Signature: _____

Birthdate: _____ Date: _____

Authorizing Supervisor: _____ Date: _____