



MASSILLON MUSEUM

Attn: Alexa Polinori
Events and Volunteer Coordinator
121 Lincoln Way E.
Massillon, OH 44646

Today's date: _____

Where Art + History Come Together
VOLUNTEER APPLICATION

Name: _____
Last First (Nickname) Middle Pronouns

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____ Birthday (optional): _____

Preferred method of contact: [] Phone [] Email

Emergency Contact/Relationship: _____ / _____ Phone: _____

T-shirt size: _____ (Sizes available S to 5X) *Please note that if your t-shirt size changes, you will need to inform the events and volunteer coordinator.

Brief statement about why you want to volunteer at the Massillon Museum: _____

AREAS OF VOLUNTEERING—Check what interests you.

- [] Bartending: Must be over age 21. No knowledge of mixed drinks or server experience needed. Serve at openings and events.
[] Bulk Mailings: Prepare mail, labeling, and sealing envelopes. Contacted when mailing is scheduled.
[] Collections: Limited opportunities. Scan documents, input data, sort and organize collections, research, etc.
[] Docent: Lead scheduled gallery tours. Must attend training session during exhibit changes. Contacted when tour is scheduled.
[] Event setup and cleanup: Arrive early to help set up at special events and/or stay late to tear down. Contacted before event.
[] Special Events: Annual events, such as Island Party, Children's Parties, Exhibit Openings, etc. Contacted before event.
[] 2nd Floor Liaison: Greet and direct visitors, monitor the 2nd floor galleries, and respond to general questions about the Museum. Sometimes light office work (stamping envelopes, cutting/stapling handouts, etc.) is required, as needed by staff.
[] Other: _____

***Internships for credit/no credit are arranged specifically with the department of interest. Visit the website or call for details.

Availability: [] Tuesday [] Wednesday [] Thursday [] Friday [] Saturday [] Sunday [] Seasonal

Estimated desired amount of hours/frequency: _____

EDUCATION

Past or Current School: _____ Graduated/Anticipated Graduation: _____

Major/Activities: _____

VOLUNTEER/WORK EXPERIENCE

Organization: _____ Duties/Job Title: _____

Supervisor Name: _____ Phone: _____

Organization: _____ Duties/Job Title: _____

Supervisor Name: _____ Phone: _____

REFERENCE

Name: _____ Title: _____ Relation to you: _____

Phone: _____ Years known: _____

Please read through the Volunteer Handbook, found at www.massillonmuseum.org or mailed upon request, and sign the below statement.

By signing and dating this form, you verify that you have read, understand and will abide by the policies of the Massillon Museum. These policies can be found in the Volunteer Handbook, located online at www.massillonmuseum.org. A hard copy can be mailed to you upon request. If you have any questions or concerns, please contact the Events and Volunteer Coordinator, Alexa Polinori at (330) 833-4061 ext. 102 or email at apolinori@massillonmuseum.org.

Volunteer's Signature: _____ Date: _____

Parent's/Guardian's signature required for volunteers under 18.

Parent's/Guardian's Signature: _____ Date: _____

VOLUNTEER PHOTO RELEASE FORM

I, _____, a volunteer of the Massillon Museum, give my permission to its legal representatives and those to whom it assigns, those for my employer is acting, those acting with its permission, or its employees, to take photographs/videos of me and use them for any legal purpose. I understand that I will not be paid for these photographs and videos and have no rights to them. I am participating as a volunteer. I hereby waive any right to inspect or approve the finished photograph or advertising copy or printed matter may be used in conjunction therewith or to the eventual use that it might be applied. I release my employer, its officers, employees and agents, from any and all claims of harm and liability as a result of any distortion, blurring, or alteration, optical illusion, or use in composite form, either intentionally or otherwise which may occur from making, showing, using, or distributing these photographs and/or videos.

I HAVE READ THIS RELEASE AND CONSENT FORM BEFORE AFFIXING MY SIGNATURE BELOW, AND I UNDERSTAND AND AGREE TO ITS TERMS.

Volunteer Signature

Date

Witness Signature

Date

(Optional) If there is anything else you would like to share relating to volunteering at MassMu, feel free to share it below:

EMERGENCY MEDICAL FORM

*This information was obtained voluntarily and will be kept in a secure location.

Name: _____

Address: _____ City: _____ Zip: _____

State: _____ Phone: _____

Emergency Contacts:

Name: _____ Relationship to you: _____

Phone: _____

Name: _____ Relationship to you: _____

Phone: _____

Name of preferred medical facility: _____

Allergies or other medical limitations: _____

Current medications: _____

I AUTHORIZE PERMISSION TO RELEASE THIS INFORMATION TO THE APPROPRIATE MEDICAL PERSONNEL IN THE EVENT OF AN EMERGENCY WHILE AT THE MUSEUM OR ON ITS GROUNDS. THE MASSILLON MUSEUM UNDERSTANDS THAT THIS INFORMATION IS CONFIDENTIAL AND WILL NOT BE DISCLOSED IN ANY SITUATION OTHER THAN AN EMERGENCY.

Volunteer Signature

Date

YOUTH VOLUNTEER PARENTAL/GUARDIAN CONSENT FORM

In order for your child to become a volunteer with us, we need your consent and involvement in helping them have a productive experience. Please read and sign this parental consent form if you would like the Massillon Museum to continue the process of considering your child as a volunteer. Please fill this form out in legible writing.

Note: This Parental Consent Form *must* be filled out for all volunteers under the age of 18.

Name of youth volunteer: _____

I, _____, understand that my child, named above, wishes to be considered for volunteer work and I hereby give my permission for them to serve in that capacity. I understand that they will be provided with any training necessary for the safe and responsible performance of their duties and that they will be expected to meet all the requirements of the position, including regular attendance and adherence to policies and procedures. I understand that they will not receive monetary compensation for the services contributed. I understand staff of the Massillon Museum will be in contact by mail, email, phone call, and/or text message with my child to schedule said trainings or volunteer opportunities.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Relationship to Child: _____

Parent's/Guardian's Phone: _____

Parent's/Guardian's Email: _____

Date: _____