

Berthoud Historical Society - Volunteer Application

Name: _____
Last First Middle Initial

Name you prefer to be called _____ Date of Birth _____

Mailing Address _____ Apt./ Unit _____

City _____ State _____ Zip Code _____

Home () _____ Work () _____ Cell () _____

Email Address _____

Employer _____ Address _____ Phone _____

Check all that apply:

College Internship Retired BHS Membership Group, Group name _____

Emergency Contact _____ Relationship _____

Phone () _____

Do you have any medical condition or physical limitation that may restrict your ability to volunteer?

Yes No If yes, please explain _____

Background

Why do you want to volunteer with the Berthoud Historical Society? _____

Briefly describe skills, training, or education _____

Please list volunteer activities/ job experience _____

Availability

Check *all* that apply:

Wednesday Thursday Friday Saturday Sunday Weekday daytime Weekday evenings

I would like to:

- Volunteer periodically and be called when there is a specific need
- Volunteer on a regular weekly or monthly schedule
- Volunteer at the Pioneer Museum
- Volunteer at the McCarty-Fickel Home Museum

I am looking for a volunteer experience that involves

- Working with the public
- Working behind the scenes
- Both areas

Place a check mark next to each item that interests you

ADMINISTRATIVE

- Administrative help such as social media updates or office assistance (collections/exhibits)

VISITOR SERVICES

- Docent work, tour guides, and other visitor service functions

EDUCATION

- Teach the public and school children about Berthoud history through programs, tours, craft creation, education research and more

SPECIAL EVENTS

- Help with public special events, such as Pioneer Heritage Gala, Open House days, and events at McCarty-Fickel Home,

EXHIBITS

- Exhibit construction, including carpentry, painting, or welding/fabrication,

Additional Information

How did you learn about volunteer opportunities at the Berthoud Historical Society? _____

References: *Please provide two references from your work or volunteer history*

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

FOR OFFICE USE ONLY

Application Received: _____ Main Interest: _____ Background Check:

Contacted: _____ Orientation: _____ Database: _____ Vol # _____

**Berthoud Historical Society
Volunteer Services Agreement**

Authorization for background check (to be completed by applicants over 18). I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I hereby authorize the release of any information relating to the position that I am applying for. I realize that a thorough background investigation is conducted to qualify me for volunteering and that the Berthoud Historical Society must verify my date of birth and social security number.

Release and Waiver of Liability (“Release”) is executed on the date as signed below by the undersigned individual (“Volunteer”), in favor of the Berthoud Historical Society, a Colorado nonprofit organization, and its trustees, directors, officers, employees and agents (collectively, “BHS”).

In consideration of Volunteer being permitted to serve as a volunteer at BHS, and perform volunteer functions, which may include assisting BHS and its staff with events, functions and activities at BHS on dates as assigned by BHS, the undersigned Volunteer for himself/herself, his/her spouse, legal representatives, heirs and assigns, hereby forever unconditionally releases and discharges BHS from any and all claims, demands and causes of action whatsoever for personal injury or property damage which may arise out of or in connection with volunteering at BHS. Further the undersigned volunteer agrees to save and hold BHS and its successors and representatives harmless, from all liability, claims, and damage to property or injury or death of any person or persons arising out of it, in any way connected with or resulting from my volunteering at BHS.

Volunteer Ethics

As a volunteer, you are an integral part of our community. We need your help to spread the mission of the Berthoud Historical Society to our visitors of all ages. As a volunteer, we expect you to recognize that access to the Pioneer Museum and McCarty-Fickel Home Museum and its operations is a privilege.

Any volunteer who has access to Museum collections, research, staff activities, and associated privileged information must respect the confidentiality of their positions, as well as the significance and integrity of the collections.

Media Policy

Please direct all members of the media to the President of the Board, Mr. Mark French. Please forward all requests, questions, and media information to the President of the Board. If no one is available, you may find another BHS staff person and they will make sure that the appropriate person is contacted.

The undersigned gives permission for media coverage of myself and/or minor child/ward to be disseminated for public relations purposes. YES/NO

Please sign below to acknowledge you understand the statements listed above and will follow the Berthoud Historical Society’s Volunteer Policies:

I have read this release and waiver of liability and fully understand it’s terms, understand that I will give up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance of guarantee being to me and intend my signature to be a complete and unconditional release of all liability.

Signature of Volunteer _____ Date _____

Signature of Guardian (minors only) _____ Date _____

Revised January 2022 ttb