



Volunteer Staff Application

Name: _____ **Date:** _____

Address: _____

e-mail: _____

Phone: _____

Education including major areas of study:

Languages or American Sign Language spoken?

Areas of interest: ___ Fine Arts; ___ Decorative Arts; ___ Architecture; ___ Women's History; ___ Social History; ___ American History; ___ Maryland/Baltimore History; _____ other

Current work and volunteer positions:

Previous work and volunteer experience:

What experience, if any, have you had working in a museum?

Experience with the public: ___public speaking; ___scheduling; ___

With which museum do you wish to work ___Homewood Museum, ___Evergreen Museum & Library

Describe your interest in working at Homewood or Evergreen.

Volunteer Application

The JHU Museums are open from 11 am to 4 pm Tuesday through Friday, noon to 4 on Saturday and Sunday. Please list your **availability in your order of preference.**

Tues. __ a.m. __ p.m.; Wed. __ a.m. __ p.m.; Thurs. __ a.m. __ p.m.; Fri. __ a.m. __ p.m.;
Saturday ____; Sunday ____

Would you enjoy working with **family programs and student tours**?

Both Homewood and Evergreen are accessed via external stairs and have additional stairs within the buildings. Is there any reason you would not be able to use the stairs as described?

Have you done any historical research?

Please list area museums you have visited.

Have you worked at Johns Hopkins University?
As employee? _____ As volunteer? _____

If yes to either, in what capacity and in what department(s)?

Please provide the names and telephone numbers of three references whom we may contact regarding your interaction with the public.

1.) Name: _____

Phone: _____ e-mail: _____

2.) Name: _____

Phone: _____ e-mail: _____

Please **read and sign** the final pages of the volunteer application.



Sheridan Libraries and University Museums Volunteer Information Form

Please complete this form and waiver of liability. All information on this form is confidential.

A background check will be completed on all volunteer applicants upon which acceptance into the volunteer program will depend.

Full Name: _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Where you are volunteering: _____

In case of emergency, please contact:

Name: _____

Phone: _____ Relation: _____

Sheridan Libraries and University Museums

Release and Waiver of Liability

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS.

This Release and Waiver of Liability (the "Release") is executed on this _____ day of _____, 2____, by _____ (the "Volunteer") in favor of the Sheridan Libraries and University Museums of Johns Hopkins University (the "Libraries and Museums").

The Volunteer desires to work as a volunteer for the Libraries and Museums and to engage in the activities related to being a volunteer. The Volunteer does hereby freely, voluntarily, and without duress execute this Release under the following terms:

1. **Waiver and Release.** Volunteer does hereby release and forever discharge and hold harmless the Libraries and Museums from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's work.

Volunteer understands and acknowledges that this Release discharges the Libraries and Museums from any liability or claim that the Volunteer may have against the Libraries and Museums with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer's work for the Libraries and Museums, whether caused by the negligence of the Libraries and Museums or its officers, directors, employees, agents, volunteers, or otherwise. Volunteer also understands that, except as otherwise agreed to by the Libraries and Museums in writing, the Libraries and Museums do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical , health, or disability insurance, in the event of injury or illness.

2. **Medical Treatment.** Except as otherwise agreed to by the Libraries and Museums in writing, Volunteer does hereby release and forever discharge and hold harmless the Libraries and Museums and its successors and assigns from any and all liability or claims which arise or may hereafter arise on account of any first aid, treatment, or service rendered in connection with Volunteer's work.

3. **Assumption of Risk.** The Volunteer understands that the work for the Libraries and Museums may include activities that may be hazardous to the volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from work sites. The Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases the Libraries and Museums from all liability for injury, illness, death or property damage resulting from the activities the Volunteer performs on behalf of the Libraries and Museums. The Volunteer has read, understood and agrees to abide by the Libraries and Museums' Safety Guidelines.

4. **Insurance.** The Volunteer understands that, except as otherwise agreed to by the Libraries and Museums in writing, the Libraries and Museums do not carry or maintain health, medical, or disability insurance coverage for any Volunteer. **Each volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.**

5. **Photographic Release.** Volunteer does hereby grant and convey unto the Libraries and Museums all rights, title, and interest in any and all photographic images and video or audio recordings made by the Libraries and Museums during the Volunteer's work for the Libraries and Museums, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

I certify that this information is true and accurate to the best of my knowledge, and I release and hold harmless the Sheridan Libraries and University Museums and The Johns Hopkins University, for any inaccuracy or misrepresentation.

Signed _____ **Date** _____