

Volunteer Application – Adult

Contact Information

First Name: _____ Last Name: _____
Preferred Name: _____ Pronouns: _____
Address/PO Box: _____
City: _____ State: _____ Zip: _____ County: _____
Phone #: _____ Email: _____

Do you consent to a criminal background check? ☐ Yes ☐ No

About You

Are you a GCV&M Member? ☐ Yes ☐ No
Do other members of your family volunteer or work at GCV&M? ☐ Yes ☐ No If yes, please list their names below:

How did you hear about the GCV&M Volunteer Program? _____

Why do you want to volunteer at Genesee Country Village & Museum? _____

Do you hold any certifications or licensures? ☐ Yes ☐ No If yes, please list: _____

List any hobbies, skills, talents, or training that you would like us to know about: _____

Are you a volunteer for any other organization? ☐ Yes ☐ No If yes, what organization(s)? _____

Area(s) of Interest

- | | | |
|--|---|--|
| ☐ Admissions | ☐ Food Service | ☐ Animal Husbandry / Farm |
| ☐ Clerical / Administration | ☐ School Programs / Education | ☐ Sewing / Costuming |
| ☐ Membership | ☐ Historic Village Interpreter | ☐ Historic Gardens |
| ☐ Facilities / Grounds | ☐ Nature Center | ☐ 19 th -century Games |
| ☐ Special Events | ☐ Historic Cooking / Baking / Kitchens | |

Would you consider wearing 19th-century style clothing? ☐ Yes ☐ No

Availability (Check all that apply)

	Morning	Afternoon	Evening	Don't Schedule Me
Monday	☐	☐	☐	☐
Tuesday	☐	☐	☐	☐
Wednesday	☐	☐	☐	☐
Thursday	☐	☐	☐	☐
Friday	☐	☐	☐	☐
Saturday	☐	☐	☐	☐
Sunday	☐	☐	☐	☐

Confidential Emergency Information

Do you have any allergies? _____

Do you need any accommodations? _____

Emergency Contract Information

Name: _____ Relationship: _____

Phone #: _____ Email: _____

Reference

Please give the name and contact information for one person who has knowledge of your character, expertise, and ability.

Name: _____ Relationship: _____

Phone #: _____ Email: _____

Please return completed form and waiver to:

volunteers@gcv.org

Or mail to:

**Genesee Country Village & Museum
Attn: Volunteer Coordinator
1410 Flint Hill Road
Mumford, NY 14511**

Equal Employment Opportunity Statement

Genesee Country Village & Museum is committed to a policy of Equal Employment Opportunity with respect to all employees, applicants, and interns for employment. We recruit, hire, train, and promote without discrimination due to race, color, sex, age, disability, religion, citizenship, national origin, military or veteran status, marital status, gender identity and expression, sexual orientation, and any other status protected by applicable federal, state, or local law.

VOLUNTEER AGREEMENT & RELEASE FROM LIABILITY

1. I, _____, agree to volunteer my time and services for Genesee Country Village & Museum (“GCVM”).
2. As a volunteer, I understand that I control the dates and times when I perform services and that GCVM is not responsible for scheduling my volunteer work. I also understand that I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including unemployment insurance benefits, upon the termination of this agreement or as a result of this service.
3. I acknowledge and agree that any use of GCVM facilities, services, equipment and premises (“Facilities”) and any participation in GCVM programs and activities (“Programs”) comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.
4. As consideration for being permitted to volunteer for GCVM, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue GCVM or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of GCVM as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE GCVM AND ITS OFFICERS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY VOLUNTEER PARTICIPATION WITH GCVM.
5. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF VOLUNTEERING, I AM NOT COVERED BY GCVM’S WORKERS’ COMPENSATION PROGRAM. I authorize GCVM to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.
6. I understand that I may be given access to confidential and/or proprietary information to the extent necessary in order to perform my duties as a volunteer with GCVM. I shall not, at any time either during or subsequent to this participation with GCVM, make unauthorized disclosures or unauthorized use of any information that is considered to be proprietary or confidential by GCVM or any of its clients. Proprietary information includes, but is not limited to, all information, data, reports, analyses, processes, know-how, designs, plans, marketing data, business plans and strategies, negotiations and contracts, research, and volunteer, donor or vendor lists, compilations, trade secrets, and confidential information, whether in written, oral or electronic form. Confidential information includes, but is not limited to, any personal information of any GCVM employee, volunteer, client, agency partner, or donor, whether in written, oral or electronic form.
7. All employer records and information relating to GCVM or its clients, volunteers, agency partners, and donors are confidential and I will treat all matters accordingly. This includes any information protected under any applicable state or federal privacy law. No GCVM- or donor-related information, including without limitation, documents, notes, files, records, oral information, computer files or similar materials (except in the ordinary course of performing duties on behalf of GCVM) may be removed from GCVM premises without permission from GCVM staff. Additionally, the contents of GCVM’s records or information otherwise obtained in regard to business may not be disclosed to anyone, except where required for an authorized business purpose and/or required by law. I will not disclose any confidential information, purposefully or inadvertently (through casual conversation), to any unauthorized person inside or outside GCVM. If I am unsure about the confidential nature of specific information, or whether specific information may be protected under state

or federal law, I will ask the GCVM staff member supervising my actions as a project for clarification before disclosing the information.

8. I understand that the materials and tools provided by GCVM are and remain the property of GCVM, and I agree to return all GCVM-related information and property that I have in my possession, including without limitation documents, files, records, manuals, information stored on a personal computer, personal data assistant or computer disk, supplies, and equipment or office supplies.

9. In further consideration of the use of Facilities and participation in Programs, I agree to INDEMNIFY AND HOLD HARMLESS GCVM from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

10. I understand that as a volunteer I am expected to adhere to all CDC and GCVM COVID-19 guidelines regarding, but not limited to, mask-wearing while on GCVM property.

11. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

Signature	Print Name	Date
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GCVM Representative Signature	Print Name	Date
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