



# APPLICATION FOR VOLUNTEER SERVICE

## Tate Geological Museum at Casper College

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
*First MI Last*

Address: \_\_\_\_\_  
*Street City State Zip*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
*A valid email address must be provided for background check*

**IF APPLICANT IS UNDER THE AGE OF 18 YEARS OLD:** *Casper College policy states that volunteers must be 14 years or older. Volunteers between the ages of 14 and 18 years must have written parental or guardian consent to volunteer and may have restrictions on their volunteer hours and assignments.*

***Please provide the name of a parent or legal guardian and contact information.***

Name: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

### Areas of interest:

- Tours
  - Newsletter
  - Museum Exhibits
  - Other: \_\_\_\_\_
  - Gift Shop
  - Special Events
  - Education
  - Outreach
- Please note that volunteers are selected to participate in field work by invite from the Prep Lab Manager.*

### Please list any relevant experience:

1. \_\_\_\_\_  
*Position Duties*
2. \_\_\_\_\_  
*Position Duties*

Hobbies/interests: \_\_\_\_\_

### Please indicate when you would be willing to volunteer:

- |                 |                             |                |                             |                  |                             |
|-----------------|-----------------------------|----------------|-----------------------------|------------------|-----------------------------|
| <b>Monday</b>   | <input type="checkbox"/> am | <b>Tuesday</b> | <input type="checkbox"/> am | <b>Wednesday</b> | <input type="checkbox"/> am |
|                 | <input type="checkbox"/> pm |                | <input type="checkbox"/> pm |                  | <input type="checkbox"/> pm |
| <b>Thursday</b> | <input type="checkbox"/> am | <b>Friday</b>  | <input type="checkbox"/> am | <b>Saturday</b>  | <input type="checkbox"/> am |
|                 | <input type="checkbox"/> pm |                | <input type="checkbox"/> pm |                  | <input type="checkbox"/> pm |

Are you willing to attend several hours of training provided by the museum and Casper College staff?  Yes  No

Volunteering is contingent upon passing a background check. Are you willing to undergo this process?  Yes  No

How did you hear about the Tate?  Media  Brochure  Friends/family  Other: \_\_\_\_\_

Other Comments: \_\_\_\_\_

# TATE GEOLOGICAL MUSEUM VOLUNTEER DISCLAIMER, PHOTO RELEASE AND WAIVER OF CLAIMS FORM

In order to participate as a volunteer in the museum or go on field trip or dig, this release statement must be completed and returned to Tate Geological Museum staff member prior to participating.

I, \_\_\_\_\_ for and in consideration of being permitted to volunteer at the Tate Geological Museum in the museum, do hereby fully release Casper College and its Board of Directors, the Tate Geological Museum, all administrators, instructors, personnel attached thereto, and land owners, and their successors, heirs and assignees from all claims for damages or injuries of every kind and description, including, but not limited to, my personal injury and DEATH while participating, both as to any right of action which may occur to myself, my heirs and or my personal representatives. I stipulate and agree while participating to be bound by all orders, rules, regulations, and directions of Casper College and the person or persons charged with supervising my participation. I understand that in all such activities, one or more Tate Geological Museum or Casper College staff members will be available at all times.

\_\_\_\_\_ I, the undersigned, in the event no other mechanism is in place designating some other individual to make healthcare treatment decisions for me, and/or emergent circumstances do not provide sufficient time for the mechanism to be implemented, do hereby authorize Casper College and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment (including locations outside the U.S.) to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization. (Include medical history in the space provided below.)

\_\_\_\_\_ Casper College and the Tate Geological Museum periodically use electronic and traditional media (e.g., photographs, video, audio recordings, testimonials) for publicity, advertising, and educational purposes. By signing this form, I acknowledge I have read and understand this document and give permission to Casper College and its designees to use such reproductions, with any digital retouching or alteration, for educational, advertising, and publicity purposes in perpetuity without further consideration from me.

In witness whereof, I have here unto set my signature this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Printed Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Signature of Parent or Guardian (if under age 18): \_\_\_\_\_

Printed Name and Signature of Witness (not a family member): \_\_\_\_\_

## Emergency Contact

Name & Number: \_\_\_\_\_

**Please list any aspects of your medical history of which we should be aware, including rare blood type, respiratory or heart problems, physical impairments or limitations, asthma, allergies, epilepsy, diabetes or other chronic conditions or a DNR order.** This information will be kept confidential and will only be shared with trip leaders and emergency personnel. Please include your Physician's name and number if you have existing medical conditions that might affect emergency treatment.

\_\_\_\_\_

\_\_\_\_\_