

FOR EMPLOYEE USE ONLY

Application Received _____
Background Check _____
Interview _____
References _____
Training _____



Mission

The mission of the Lake Jackson Historical Association is to provide education relative to the history and culture of an area of Brazoria County which is known as Lake Jackson through collection, preservation and interpretation of historical materials.

VOLUNTEER APPLICATION

PERSONAL INFORMATION

LAST NAME _____ FIRST NAME _____ BIRTHDAY _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
HOME PHONE () _____ CELL PHONE() _____
EMAIL ADDRESS _____

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT _____
EMERGENCY PHONE # () _____ ALTERNATE # () _____
RELATIONSHIP _____

DO YOU HAVE ANY HEALTH OR PHYSICAL LIMITATIONS THAT COULD AFFECT YOUR
VOLUNTEER ASSIGNMENT? _____ YES or _____ NO. IF YES, PLEASE EXPLAIN:

SKILLS AND INTERESTS

PLEASE LIST ANY INTERESTS OR HOBBIES YOU HAVE:

ARE YOU CURRENTLY EMPLOYED OR IN SCHOOL? IF SO WHERE? _____

PLEASE NAME ANY ORGANIZATIONS YOU BELONG TO:

REFERENCES

PLEASE LIST TWO REFERENCES (NOT RELATED TO YOU) WHOM WE MAY CONTACT

NAME _____ PHONE # () _____
NAME _____ PHONE # () _____

HOW DID YOU HEAR ABOUT OUR VOLUNTEER PROGRAM?

- Website
- Volunteer Match
- Newspaper
- Marquee
- From a Volunteer
- Other (Please Specify)_____

DO YOU NEED DOCUMENTATION OF YOUR VOLUNTEER HOURS FROM LJHM?_____

AREAS OF INTEREST (please check any volunteer opportunity that interests you):

- Museum Greeter/Gift Shop
- Collections/Exhibits
- Special Programs
- Docent/Tours
- Computer Technician
- Alden Dow Museum
- Special Projects
- Photographer
- Plantation Site

AVAILABILITY (please circle)

Museum: M T W TH F SAT SUN 10am-1pm 1-4pm Other:_____

Alden Dow Office: *1st and 3rd SATURDAY ONLY* 10am-1pm 1-4pm

Plantation Site: *1st SATURDAY ONLY* 10am-Noon 12-2pm 2-4pm 4pm-DUSK

NON-DISCLOSURE AGREEMENT

During the course of my volunteer status with the Lake Jackson Historical Association, I acknowledge that I may come in contact with various types of confidential information. During and after the term of my volunteer status, I will not use, disclose or transfer any confidential information, either internally with LJHA or externally except as directed to do so by LJHA.

Signature

Date

PHOTO AND PERFORMANCE RELEASE

I hereby grant the Lake Jackson Historical Association permission to publish images and/or videos of me in publications created and/or used by the LJHA. I further understand that LJHA assumes no liability or responsibility whatsoever concerning any consequences of such use.

Signature

Date

SIGNATURE AND VERIFICATION

I hereby certify that all statements made in this application are complete and true to the best of my knowledge. I understand as a condition of volunteering for the Lake Jackson Historical Association that my references will be verified and a background check performed.

Signature

Date

MINOR APPLICATION

FOR INDIVIDUALS UNDER 17 YEARS OF AGE:

Please have a parent or guardian sign below:

I give permission for my child to participate in the LJHA Volunteer Program.

Parent/Guardian Signature

Print Name

Date

RELEASE FROM LIABILITY FOR MINOR

(To be completed by guardian of applicants under 16)

As a condition to volunteering my time to the Lake Jackson Historical Association, I agree to hold the LJHA, its officers, trustees, employees, volunteers, agents and members harmless from any and all claims, demands, liability, loss, and damages of any kind and nature if I am injured or incur any physical impairment or sickness as a result of any activity I undertake as a volunteer of, or under the guise of volunteering at or for the Lake Jackson Historical Association.

Signature

Date