VOLUNTEER APPLICATION

Personal Information (Please Print)

Name: _____ Ms. ☐ Mrs. ☐ Mr. ☐
Last First Middle Initial (Preferred Salutation)

Address: _____
Street Address City State Zip Code

Phone: (Day) _____ (Evening) _____ (Cell) _____

E-mail: _____

Emergency Contact: (1) _____
(List two)
(2) _____
Name Relationship Phone

Please list any special needs: _____

Volunteer Experience

_____
Current/most recent volunteer position Name of organization

_____
Your duties Years of service

_____
Additional volunteer service

Work Experience

Employer: _____ Position: _____

Employer: _____ Position: _____

Availability

Do you prefer to volunteer:

☐ Weekly ☐ Twice monthly ☐ Special projects ☐ On call only

Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings						
Afternoons						
Evenings						

Volunteer preference(s)

☐ Clerical Work ☐ Gallery/Collections Work ☐ Outdoor Work

☐ Special Events ☐ Docent/Tour Guide ☐ Skilled Interpreter

Licenses/Certificates:

_____

Special Skill/Training/Hobbies:

_____

Why would you like to volunteer at the Mississippi Agriculture and Forestry Museum?

References: (not related to you)

Mr./Ms._____

Title and or Organization: _____

Address: _____City/State/Zip_____

Daytime Phone: _____Email:_____

Comment/Additional Information:

Signature_____**Date**_____

If applicant is under the age of 18 a parent or legal guardian must also sign.

Guardian Signature_____**Date**_____

For office use only:

Date Received:_____By:_____

Volunteer-Agency Agreement

The work of volunteers is very important to the Mississippi Agriculture and Forestry Museum. It is essential for volunteers and staff to clearly understand each other's roles in order to effectively conduct the work of the Museum.

AGENCY:

We, the _____ Section/Division of MDAC, agree to accept the services of _____ beginning _____, with the following understanding:

- Staff will provide the necessary information, training, and assistance for the volunteer to meet the responsibilities of the position.
- Staff will provide supervisory support and feedback (evaluation) on the volunteer's performance, as needed.
- Staff will acknowledge the individual skills and knowledge of each volunteer and adjust the requirements, within reasonable parameters as deemed by staff, and as time allows.
- Staff will accept the volunteer's wish not to fulfill a volunteer assignment that the volunteer feels may be inappropriate, unsafe, or unacceptable.
- Staff will recognize the partnership with the volunteer as one that helps fulfill the mission of the AG Museum.
- The Museum has the right to terminate this agreement if deemed necessary.

VOLUNTEER:

I, _____ (please print) agree to serve as a volunteer and commit to the following:

- To perform my volunteer duties to the best of my abilities (as detailed by the volunteer job description to which I have been assigned).
- To meet the time requirements—always providing adequate notice (at least 48 hours) when unable to make assignment.
- To accept supervision, abide by AG Museum policies and procedures, participate in record-keeping requirements, and respect confidentiality rules by governing my volunteer assignment.
- To seek help in a timely manner when problems arise that needs staff assistance.
- To attend agency-supplied training that staff deems necessary.
- To act at all times as a conscientious member of the team.
- To understand that to remain on active status, I must serve a minimum of twelve hours per calendar year.

AGREED to:

***Volunteer:** _____ **Agency Representative:** _____

Date: _____ **Date:** _____

**Signature acknowledges receipt of Volunteer Handbook by volunteer*

****Guardian:** _____ **Date:** _____

*** If applicant is under the age of 18 a parent or legal guardian must also sign.*

MISSISSIPPI DEPARTMENT OF AGRICULTURE & COMMERCE

MISSISSIPPI AGRICULTURE & FORESTRY MUSEUM

VOLUNTEER RELEASE

I desire to volunteer at the Mississippi Agriculture and Forestry Museum and engage in activities on Museum grounds. Specifically, my duties include the following:

I voluntarily execute the Release under the following terms:

(1) I release the Mississippi Department of Agriculture & Commerce, the Mississippi Agriculture & Forestry Museum, and the State of Mississippi from any loss, accident or injury, whether to my person or property, arising in any way out of my volunteer duties or work at the Museum. I also understand that the Department, the Museum and the State of Mississippi do not assume any responsibility or obligation to provide financial or other assistance, including, but not limited to medical, health, disability insurance, or workers' compensation benefits in the event of injury, illness, death or property damage.

(2) I understand that my activities at the Museum may include activities that are dangerous and/or hazardous. I hereby expressly and specifically assume the risk of injury or harm in these activities and release the Department, the Museum and the State of Mississippi from all liability for injury, illness, death and/or property damage resulting from the activities on Museum grounds.

(3) I acknowledge that the Museum has offered me protective or safety gear or devices to use during the course of my volunteer activities or duties.

_____ _____

Volunteer Date

_____ _____

*Guardian Date

**If applicant is under the age of 18 a parent or legal guardian must also sign.*

SUBMIT YOUR COMPETED FORM