



Volunteer Application

The following information is required for the Southern Oregon Historical Society to best place you in a volunteer position, to be able to communicate quickly with you, and to do a background check should any of your work with SOHS require it. Please Print

_____	_____	_____	_____
Last Name	First Name	Middle	Date
_____	_____	_____	_____
Home Phone	Other Phone	Email Address	
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Emergency Contact Name	Relationship	Area Code Phone Number	

If you are currently working or retired, please list your place of current/former employment and your job title:

If you intend to volunteer on an ongoing basis or for a significant block of time, please complete both sides of this form. If you intend to volunteer for a one-time event or project, please sign the liability waiver on the next page.

Return these forms to SOHS Volunteer, 106 N. Central, Medford OR 97501.

References: Please provide name, address, phone and email

1. _____

2. _____

What skills and/or experiences do you have that might relate to a volunteer position with SOHS?

Please list any health/mobility issues that may affect your placement.

Please check any areas in which you would like to volunteer at SOHS:

- Administration/office
 Archives/Library
 Collections/Exhibits
 Hanley Farm Grounds Care/Maintenance/Farming
 Hanley Farm Programs

Please check times that you would usually be available to volunteer at SOHS:

- Days; Mon. Tues. Wed. Thur. Fri. Sat. Sun.
Time of Day: Morning Afternoon Evening

Are you currently an SOHS Member? Yes No

See Second Page

I have read the SOHS Policy Guidelines for Volunteers. _____
Signature Date

Waiver of Liability

In consideration for the Southern Oregon Historical Society allowing me to participate as a volunteer in its volunteer program, I hereby release the Society, its trustees, staff, and employees from any claims for personal injury or property damage arising out of my participation in the program beyond what is normally covered by a blanket accident insurance policy which the Society carries for volunteers. I understand that an injury sustained by me while participating in the volunteer program will not be covered by worker's compensation.

Signature Date

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If a volunteer is under eighteen years of age, the following must be signed by a parent or guardian:

I hereby authorize my child (or ward) to participate in the volunteer program of the Southern Oregon Historical Society. In consideration for the Society's agreeing to allow my child (or ward) to participate in the program, I agree to indemnify the Southern Oregon Historical Society, its trustees, staff, and employees, from any claims for personal injury or property damage sustained by such child while participating in the volunteer program beyond what is normally covered by a blanket accident insurance policy which the Society carries for volunteers. I understand that an injury sustained by my child (ward) while participating in the volunteer program will not be covered by worker's compensation. In the event of illness or injury, I authorize the Society to procure emergency medical care for such child (or ward) and grant permission to the hospital or physician where such child is taken to perform such care and treatment as they consider proper.

Signature Date

Background Check Form

Other Names you have used: _____ Date of Birth: _____ Place of Birth _____ Sex _____

Have you ever been convicted of any crime? Yes No

If yes, briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case.

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CERTIFICATION AND AUTHORIZATION

I hereby authorize the Southern Oregon Historical Society to perform all checks of my credentials including but not limited to a background and reference check. I agree not to assert any claims or causes of action of any kind against the Southern Oregon Historical Society, its employees, or any individual contacted by the Southern Oregon Historical Society, arising out of these investigations. I certify that the information contained on this form is true, correct and complete to the best of my knowledge. I understand that Southern Oregon Historical Society requires background checks for the purpose of evaluating me for a volunteer position and/or employment. I also understand that any misrepresentation, falsification or omission of facts herein may be grounds for disqualification or separation.

Signature Date