



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 Name	Date
_____	_____	_____	
Home Phone	Other Phone	E-Mail	
_____	_____	_____	_____
Address	City	State	Zip
_____	_____	_____	_____
Emergency Contact Name	Relationship	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 this form to SOHS Volunteer Coordinator, 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 about which you would like us to be aware.

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

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Administration/office | <input type="checkbox"/> Archives/Library | <input type="checkbox"/> Collections/Exhibits | <input type="checkbox"/> Hanley Farmhouse Docent |
| <input type="checkbox"/> Children's programs | <input type="checkbox"/> Hanley Farm programs | <input type="checkbox"/> Hanley Farm grounds care, maintenance, farming | |

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

Days: ___Mon. ___Tue. ___Wed. ___Thu. ___Fri. ___Sat. ___Sun.

Time of Day: ___Morning ___Afternoon ___Evening

Are you currently an SOHS Member? ___Yes ___No

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