**VOLUNTEER OPPORTUNITIES**

*Please read through the following information before applying*

All of our volunteer opportunities require a yearlong commitment of at least 40 hours per year.

**Museum Docent Program**

Museum Docents work primarily with our school programs.

The Sacramento History Museum currently offers 10 educational programs. Please review our programs at <http://sachistorymuseum.org/programs-events/field-trips/> before applying. Museum Docent training is provided.

Please note that Museum Docents are not required to present all programs once they have gone through training. Docents can volunteer only for the programs they wish to lead.

**Living History Program**

Living History volunteers showcase Sacramento and Gold Rush history from 1848-1880 throughout Old Sacramento. We welcome members interested in costumed interpretation as well as those interested in “behind-the-scenes” roles such as research, costume creation, and event set-up/breakdown.

You can also visit the website for more information: <http://sachistorymuseum.org/programs-events/living-history/>.

**To Apply**

To apply for any of our volunteer opportunities, please fill out the application below. **Applications should be returned to:**

Zoey Jennings

Sacramento History Museum

101 I Street

Old Sacramento, CA 95814

For more information about Sacramento History Museum programs and events, please visit us at [www.sachistorymuseum.org](http://www.sachistorymuseum.org).

For further questions, please contact the Educational Department at zjennings@cityofsacramento.org or by calling (916) 808-6896.

**VOLUNTEER APPLICATION**

Name       Date

Address

City       Zip

Home Phone       Cell Phone

Email

**Emergency Contact**

Name       Phone Number

Age (optional) [ ]  under 18 [ ]  18-29 [ ]  30-44 [ ]  45-60 [ ]  60+

**I am interested in the following volunteer opportunities (check all that apply)**

***Museum Docent***

[ ]  *Education Programs*

 ***Living History***

 [ ]  *Costumed Interpreter*

[ ]  *Behind-the-Scenes Support*

***Event Volunteer***

[ ]  *Special Events*

[ ]  *Special Projects*

**Availability**

Volunteers are asked to commit for a minimum of one year and 40 hours.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Morning | M[ ]  | T[ ]  | W[ ]  | Th[ ]  | F[ ]  | Sa[ ]  | Su[ ]  |
| Afternoon | M[ ]  | T[ ]  | W[ ]  | Th[ ]  | F[ ]  | Sa[ ]  | Su[ ]  |

Hours available       [ ] per week [ ] per month

**Relevant Experience (please list both paid and unpaid experience)**

**Organization** **Job Title/Responsibilities**

1.

2.

**How did you learn about this volunteer program?**

**Why do you want to volunteer with the Sacramento History Alliance?**

**Is there any other information you would like us to know?**

Please note that submission of this application does not guarantee volunteer assignment. Volunteer screening may include reference checks and a background check. New volunteers must attend training sessions during the year.

**I CERTIFY that all statements in this application are true and complete. I agree and understand that any misstatement or omission of material herein will cause forfeiture on my part of all rights to volunteerism. I grant permission for the volunteer screening process.**

**I have read the above statements and have completed this application to the best of my knowledge**

Signed       Date

Name

**Liability Release**

I understand that anyone acting on behalf of the Sacramento History Alliance (SHA), volunteers, staff, and/or Board of Directors, will take all reasonable steps to provide a safe environment for everyone who participates SHA activities. I authorize SHA to make medical emergency decisions on behalf of myself, and I further acknowledge that SHA will not be held liable for any resulting medical charges or held liable in any other way. I am also aware that there are certain risks involved in these activities, which might result in personal injury or property damage, and by participating in such activities, agree to accept all risks of injury or damage. Furthermore, I agree to hold harmless SHA, its volunteers, staff, and Board of Directors for any liability on behalf of myself. I also agree to indemnify SHA for any expenses of liability that result because of a claim made on my behalf.

Signed       Date

Name

**Image Use Release**

I hereby give Sacramento History Alliance (SHA) permission to use any image of my child in any media for publicity or promotional purposes without compensation. (Declining to agree to this section does not prohibit participation in the program.)

Signed       Date

Name

For forms submitted electronically, typing your name in the lines above constitutes your signature and your agreement to the stated terms.