



Volunteer Application (pg 2 of 3)

Special Skills or Qualifications

Summarize skills and qualifications you have acquired from employment, previous volunteer work or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Interests

Tell us in which areas you are interested in volunteering

- | | |
|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Education / Planetarium |
| <input type="checkbox"/> Events | <input type="checkbox"/> Facilities / Maintenance |
| <input type="checkbox"/> Gallery Docent | <input type="checkbox"/> Exhibits |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Birthday Parties |
| <input type="checkbox"/> Deliveries | <input type="checkbox"/> Marketing |

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

4450 Park Avenue • Bridgeport, CT 06604 • 203.372.3521 • www.discoverymuseum.org

*The Discovery Museum, Inc. is designated by the Internal Revenue Service (IRS)
as tax-exempt as defined in section 501(c)(3) of the IRS code.*

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Emergency Contact Information

Name / Relationship	
Street Address	
City, State, Zip Code	
Home Phone	
Cell Phone	
E-mail Address	

Volunteer Requirements

- All applicants must be at least sixteen (16) years of age at time of submitting application.
- All applicants must successfully complete orientation training with a Discovery team member. Ongoing training may be needed and may consist of science workshops, learning new exhibit material, public speaking skills, among others.
- All applicants must be willing and able to speak to guests and lead educational talks at assigned areas.
- All applicants must be willing and able to work with children of varying ages, as well as adults.
- All applicants must submit a signed Confidentiality Agreement, along with the Volunteer Application.

Agreement and Signature

By signing this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

 Name (printed)

 Signature

 Date



Volunteer Agreement, Release and Waiver of Liability

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the "Release") is executed on this day of _____, 20____, by _____, (the "Volunteer"), in favor of Discovery Museum, Inc., dba SHU Discovery Science Center and Planetarium, and its respective affiliates, directors, officers, trustees, employees, sponsors, donors, volunteers and agents (collectively, the "Released Parties"). I, the Volunteer, desire to work as a volunteer for one or more of the Released Parties without compensation and engage in the activities related to being a volunteer. I understand that my activities may include but are not limited to the following: working in offices and museum; loading and unloading materials; consuming food available or provided; constructing, repairing, and/or rehabilitating exhibits; and other volunteer activities ("Activities"). I understand that my Activities may include work that may be hazardous to me. I, the Volunteer, hereby freely, voluntarily and without duress execute this Release under the following terms:

Release and Waiver. I acknowledge and understand that participation in the Activities may involve certain risks, including, but not limited to, personal injury(ies), bodily injury, illness, permanent disability, property damage, loss and/or death ("Risks"). These Risks include, but are not limited to, exposure to and/or infection with COVID-19 and/or other viruses and/or bacterial infection even in ideal conditions, and despite any and all reasonable efforts made to mitigate such Risks. I further agree to follow all safety precautions outlined by any Released Party while volunteering. I do hereby release and forever discharge and hold harmless the Released Parties and their successors and assigns from any and all liability, claims, demands, costs and damages of any kind, whether arising from tort, contract or otherwise, which I or my heirs, assigns, next of kin or legal representatives may have or which may hereinafter accrue, arise from, or are in any way related to my Activities with the Released Parties, including but not limited to Risks, whether caused wholly or in part by the simple negligence, fault or other misconduct of any of the Released Parties or of other volunteers, other than their intentional or grossly negligent conduct. In addition, the Released Parties shall have the benefit of any future liability protection for businesses as relating to the COVID-19 pandemic passed by any governmental entity to which the Released Parties are subject. I understand and acknowledge that by signing this Release I knowingly assume the Risks associated with the Activities. I also understand that the Released Parties do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage.

Consent to Transportation and Medical Treatment. I consent to the use of first aid treatment whether administered by the Released Parties or first aid personnel. In an emergency, I understand the Released Parties may try to contact the individual listed below as an emergency contact. If an emergency contact cannot be reached promptly, I hereby authorize the Released Parties to act as an agent for me to consent to any examination, testing, x-rays, medical, dental or surgical treatment for me as advised by a physician, dentist or other health care provider. This includes, but is not limited to, my assessment, evaluation, medical care and treatment, anesthesia, hospitalization, or other health care treatment or procedure as advised by a physician, dentist or other health care provider. I also authorize the Released Parties to arrange for transportation of me as deemed necessary and appropriate in their discretion. I do hereby release, forever discharge and hold harmless the Released Parties from any liability, claim, demand, and action whatsoever brought by me or on my behalf which arises or may hereafter arise on account of any transportation, first aid, assessment, care, treatment, response or service rendered in connection with my Activities with any of the Released Parties. If the Volunteer is less than 18 years of age, the parent(s) having legal custody and/or the legal guardian(s) of the Volunteer also agree on behalf of their Minor Child. Minor. Each Volunteer is expected and encouraged to obtain his or her own health, medical, disability or other insurance coverage. I understand that I am responsible for payment of such hospital, physician, ambulance, dental, medical or other services obtained for me or my child. I agree that the Released Parties do not assume any responsibility for the payment of such fees or expenses which may be incurred. If I have health insurance, I understand my personal health insurance is my primary coverage.

Photographic/Recording Release. I hereby grant and convey unto the Released Parties all right, title and interest in any and all photographs and video/audio/electronic recordings of me, including as to my name, image and voice, made by or

on behalf of any of the Released Parties during my Activities with the Released Parties, including, but not limited to, the right to use such materials for any purpose and to any royalties, proceeds or other benefits derived from them. I understand and agree that this paragraph also applies to my minor child(ren) who are volunteering.

Other. I expressly agree that this Release is intended to be as broad and inclusive as permitted by state law. I further agree that in the event any clause or provision of this Release is held invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining clauses or provisions of this Release, which shall continue to be enforceable. Further, a waiver of a right under this Release by a Released Party does not prevent the exercise of any other right. I have carefully considered my decision, the benefits and risks involved, and hereby give my informed consent to participate in all volunteer Activities. I have read and understand this Release and Waiver of Liability, I acknowledge that any questions of mine have been answered, and I voluntarily agree to the above provisions. It is my intent to bind my heirs, next of kin, assigns and legal representative.

SIGNATURE OF VOLUNTEER 18 YEARS OR OLDER: Volunteer:

Name (please print): _____ Signature: _____
Address: _____
Phone: _____ Email: _____

Witness: Name (please print): _____ Signature: _____

EMERGENCY CONTACT INFORMATION FOR VOLUNTEER OVER 18 YEARS OF AGE:

Name : _____ Relationship: _____
Phone: _____ Email: _____

IMPORTANT: If the Volunteer is less than 18 years of age, a parent or guardian must complete the signature section below. If only one parent or guardian signs these forms on behalf of a Volunteer who is under 18 years of age, then the undersigned parent or guardian of the Volunteer hereby covenants, warrants, represents and agrees that he or she is executing these forms on behalf of, and as an agent for, any other individual who may be a parent or guardian of the Volunteer, that he/she is fully authorized to do so, and that by executing such Release and Parental Authorization, the undersigned is binding himself/herself, the Volunteer, and any other parent or guardian of the Volunteer, and all of their heirs, next of kin, assigns, and legal representatives to such Release and Parental Authorization.

Name of Volunteer Under 18 Years Old:

Name: _____ Date of Birth: _____

SIGNATURE OF PARENT/GUARDIAN SIGNING ON BEHALF OF THE ABOVE MINOR: I hereby give my informed consent, on behalf of the above listed minor child, for him/her to participate in all Activities as set forth in the above Volunteer Agreement, Release and Waiver of Liability, and such terms are incorporated herein. Furthermore, I understand that the above Volunteer Agreement, Release and Waiver of Liability is made on behalf of my minor child(ren) and/or legal wards and I represent and warrant to Discovery Museum or its affiliated organizations that I have the full authority to sign this on behalf of such minor(s).

Parent/Guardian: Name (please print): _____ Signature: _____

Address: _____
Phone: _____ E-mail: _____

Witness: Name (please print): _____ Signature: _____

EMERGENCY CONTACT INFORMATION FOR THE ABOVE LISTED MINOR VOLUNTEER:

Name: _____ Relationship: _____
Phone: _____ Email: _____