



Children's Museum Of the Shoals

Volunteer Application

Name: _____
Home Address: _____
City: _____ State: _____ ZIP: _____
Other Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____
Work Phone: (____) ____ - _____ E-mail address: _____
Birthday: _____, _____
(month) (day) (year)

Volunteer Position (if known): _____
Please list preferences for placement (if any)¹:

Length of Service (if known): _____

Availability: (Please circle all that apply)

Tues. Wed. Thur. Fri. Sat. After-hour Events
Hours: _____

Please list any of your skills, experiences, and preferences that you feel would be useful here at the Museum.

References (please indicate at least 2 references we can contact)

Name: _____ Position: _____
Phone: _____

Name: _____ Position: _____
Phone: _____

Vehicle Information (if parking on site):

Driver's License Number: _____ State Issued: _____
Expires: _____ copy of the license must be attached
Car Year/ Make/Color: _____
Vehicle License (Tag) plate number and state issued _____

¹ You may list a preference such as "working birthday parties" "working summer camps" "helping during art/science workshops, "take home" etc.

Emergency Contact:

Name: _____ Relationship: _____

Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Name: _____ Relationship: _____

Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Optional Information

Please, list any prescriptions or medications you are currently taking:

Are there any health conditions we should be aware of?

Medical Release from Physician yes no. If yes, please attach original to volunteer application

If available, please provide a copy of your health insurance card.

In the event of an emergency, CMOS will contact medical services.

Agreement:

Please initial each statement below to acknowledge and accept.

_____ I will offer the Museum my best performance and work to benefit its mission. I will conduct myself with the highest moral and professional standards

_____ I will be prompt and reliable in reporting for scheduled work and training. I will notify my supervisor in advance if I am unable to come.

_____ I will accept the museum’s right to release any volunteer for unsatisfactory performance, poor attendance or punctuality, and unprofessional behavior.

_____ I will read and accept “The Volunteer Service Act,” which regulates the protection of volunteers in liability cases in Alabama. (See attached)

_____ I understand that personal injury or vehicle damage that occurs while acting as a volunteer is not covered by the CMOS’ insurance, and it is the volunteer’s sole responsibility.

_____ I will read and sign the attached CMOS Volunteer Handbook and agree to abide by its laws and regulations.

_____ Volunteers may be required to provide the necessary information for a background check

Mission Statement

The Children’s Museum of the Shoals delights the child in every visitor in a fun, creative, and enriching “touch-everything” experience where exploration stimulates lifelong curiosity and learning.

Alabama Law

Section 6-5-336
Volunteers.

(a) This section shall be known as "The Volunteer Service Act."

(b) The Legislature finds and declares that:

(1) The willingness of volunteers to offer their services has been increasingly deterred by a perception that they put personal assets at risk in the event of tort actions seeking damages arising from their activities as volunteers;

(2) The contributions of programs, activities, and services to communities is diminished and worthwhile programs, activities, and services are deterred by the unwillingness of volunteers to serve either as volunteers or as officers, directors, or trustees of nonprofit public and private organizations;

(3) The provisions of this section are intended to encourage volunteers to contribute their services for the good of their communities and at the same time provide a reasonable basis for redress of claims which may arise relating to those services.

(c) For the purposes of this section, the meaning of the terms specified shall be as follows:

(1) GOVERNMENTAL ENTITY. Any county, municipality, township, school district, chartered unit, or subdivision, governmental unit, other special district, similar entity, or any association, authority, board, commission, division, office, officer, task force, or other agency of any state;

(2) NONPROFIT CORPORATION. Any corporation which is exempt from taxation pursuant to Section 501(a) of the Internal Revenue Code, 26 U.S.C. Section 501(a);

(3) NONPROFIT ORGANIZATION. Any organization which is exempt from taxation pursuant to Section 501(c) of the Internal Revenue Code, 26 U.S.C. Section 501(c), as amended;

(4) VOLUNTEER. A person performing services for a nonprofit organization, a nonprofit corporation, a hospital, or a governmental entity without compensation, other than reimbursement for actual expenses incurred. The term includes a volunteer serving as a director, officer, trustee, or direct service volunteer.

(d) Any volunteer shall be immune from civil liability in any action on the basis of any act or omission of a volunteer resulting in damage or injury if:

(1) The volunteer was acting in good faith and within the scope of such volunteer's official functions and duties for a nonprofit organization, a nonprofit corporation, hospital, or a governmental entity; and

(2) The damage or injury was not caused by willful or wanton misconduct by such volunteer.

(e) In any suit against a nonprofit organization, nonprofit corporation, or a hospital for civil damages based upon the negligent act or omission of a volunteer, proof of such act or omission shall be sufficient to establish the responsibility of the organization therefor under the doctrine of "respondeat superior," notwithstanding the immunity granted to the volunteer with respect to any act or omission included under subsection (d).

(Acts 1991, No. 91-439, p. 781, §§1-4; Acts 1993, No. 93-614, p. 1006, §1.)