



Hudson River Maritime Museum
 Riverport Wooden Boat School | Riverport Sailing & Rowing School
 KINGSTON, NEW YORK

Volunteer Application

50 Rondout Landing 845-338-0071
 Kingston, NY 12401 FAX: 845-338-0583

Name

Address

City **State** **Zip**

Cell Phone **Home Phone** **Email** (Circle preferred method of contact)

Current Employer/Occupation (If student list name of school/college)

Major/Degree received (grade/year if you are still a student)

Skills and Interests

Please check each volunteer position you are interested in

Museum Store/Admissions	<input type="checkbox"/>	Digitization/Collections	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Education	<input type="checkbox"/>	Boat School	<input type="checkbox"/>		
Event Planning/Set-Up	<input type="checkbox"/>	Office	<input type="checkbox"/>		

List any volunteer tasks you are not comfortable with (i.e. heavy lifting, public speaking):

Your availability

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
10:45AM-2PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2PM-5:15PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After 5PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

References (list two)

Name	Relationship	Phone/Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency Contact

Name	Phone	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature: _____ **Date:** _____

Parent/Guardian (if under 18): _____ **Date:** _____



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Volunteer Waiver, Release and Indemnity Agreement

I, _____, have agreed to work as a volunteer for the Hudson River Maritime Museum and do so of my own free will. As a volunteer, I am not an employee of the Hudson River Maritime Museum. I understand this role does not include compensation or payment of any kind. Furthermore, I acknowledge that Hudson River Maritime Museum does not offer health insurance, workers' compensation insurance, or any employee benefit to volunteers. I agree to maintain my own health insurance during my time as a volunteer for Hudson River Maritime Museum. (This waiver may also mandate auto liability insurance).

I fully recognize and accept that volunteering has risks including but not limited to: mental/emotional stress or physical injury. I have read the detailed Job Description for the volunteer duties I am accepting and understand the minimum requirements. I understand that I have the right to review each activity prior to my participation and choose to participate of my own free will. I have read and understand Hudson River Maritime Museum's mission statement and best practices procedures. I pledge to act and perform within those expectations.

[Volunteers' Initials _____ to acknowledge receipt of Job Description if not included as part of waiver]

I acknowledge that Hudson River Maritime Museum does not guarantee safety. I voluntarily waive, release and hold harmless Hudson River Maritime Museum, its board, employees, agents, and other volunteers from all claims, accidents, injuries, or death that result from actions related to my volunteer activities. I understand that this document disqualifies me from recovering damages against Hudson River Maritime Museum should I be injured in the course of my duties.

I shall defend, hold harmless, and indemnify Hudson River Maritime Museum, its board, employees, agents and other volunteers from and against all claims, accusations, notices, judgements, rulings, liabilities, expenses, etc. that may exist as a result of my actions, inactions, errors, acts, or omissions.

I have read and fully understand the above waiver. I understand that by signing this document I am giving up certain rights and accepting certain duties.

Volunteer Signature: _____

Date: _____

Parent/Guardian Signature (if under 18): _____

Date: _____

Hudson River Maritime Museum Employee Signature: _____

Date: _____



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Hudson River Maritime Museum Photo Release Form

I, _____, hereby grant the Hudson River Maritime Museum and its Riverport Wooden Boat School permission to use my likeness in photographs and/or video in any and all of its publications, including Web space, and in any and other media, whether now known or hereafter existing, controlled by Hudson River Maritime Museum, in perpetuity, and for the other use by the Museum. Will make no monetary or other claim against the Hudson River Maritime Museum and its Riverport Wooden Boat School for the use of the photograph and/or video.

Name (print in full): _____

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____

Affiliation: _____

Phone Number: _____

Event: _____

Representative of organization: _____

The Hudson River Maritime Museum is a 501(c)3 non-profit organization dedicated to the preservation and interpretation of the maritime history of the Hudson River, its tributaries, and related industries.

FOR STAFF USE ONLY

Department/Building _____

Staff Supervisor(s) _____

Entered in volunteer contact spreadsheet ____