



**Name:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Address:** Street \_\_\_\_\_ Apartment \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Email:** \_\_\_\_\_  
*(Our primary way to communicate with you is via email!)*

**Phone:** 1st Number \_\_\_\_\_ 2nd Number \_\_\_\_\_

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Gender:** \_\_\_\_\_ **Have you lived in OR the last 7 years:** Y/N

**DL #:** \_\_\_\_\_ **State Issued:** \_\_\_\_\_ **If no, last state lived in:** \_\_\_\_\_

This information is required for background checks, and all but your name will remain confidential.

**Emergency Contact:** Name \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Availability:** Please let us know the days and times you are usually available.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (11:00-1:30)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (1:30-4:00)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening (5:00-8:00)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Volunteer Interest:** Please check the positions you are interested in.

**Sales Points:**

- Concessions
- Gift Shop

**Volunteer Assistance:**

- Event Volunteer
- Work Parties

**Trade Artists:**

- Carver
- Painter

**Carousel Operations:**

- Operator 1
- Assistant Operator
- Ring Master

**Guest Assistance:**

- Greeter
- Tour Guide
- Party Attendant

**Previous Volunteer or Work Experience:** \_\_\_\_\_

**Hobbies, Interests, Skills:** \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, please specify the year: \_\_\_\_\_

**Explanation:** \_\_\_\_\_

Please complete the back of page →

**Office Use Only**

Orientation Date: \_\_\_\_\_ Badge Animal: \_\_\_\_\_ BG Check: \_\_\_\_\_ Initial: \_\_\_\_\_



### Volunteer Release Form

The Carousel Board of Directors wishes to thank you for your interest in volunteering. The board requires all volunteers become familiarized with our volunteer policy. Please review the contents, then mark your initials next to each statement. The purpose of this waiver is to help protect the assets and finances of the Historic Carousel and Museum (hereafter referred to as the Carousel) should any injury occur while volunteering on the project, as well as to provide a record of your volunteer efforts. For the protection of our volunteers, staff, and guests, we require all volunteers and staff to sign this waiver prior to engaging in any carousel activities.

\_\_\_\_\_ I do hereby represent to the Carousel Board that I am a volunteer of the carousel project.

\_\_\_\_\_ I understand that the Carousel does not provide workers' compensation insurance for volunteers. Except in cases where the Carousel is negligent in its actions, I am responsible for any and all costs associated with any injuries obtained while volunteering for the Carousel and agree to hold harmless the board and its directors.

\_\_\_\_\_ I understand that I will be subject to a screening prior to volunteering and an annual screening and criminal background check that commensurate to the responsibilities I assume in working with the public.

\_\_\_\_\_ I understand that I am expected to maintain the professional attitude of respecting the confidentiality of all information and activities related to the Carousel and the volunteers thereof.

\_\_\_\_\_ I am aware that I am to abide by the Carousel policies pertaining to the appropriate behavior of volunteers and employees, including but not limited to: smoking, the use of alcohol or controlled substances, profanity, grievances, and the promotion of personal, religious, and political views. *Individuals who are disruptive or refuse staff directions will be asked to leave and may be served with a notice of trespass.*

\_\_\_\_\_ I understand that I am expected to contact the Carousel as early as possible if I am unable to fulfill my volunteer obligations.

\_\_\_\_\_ An application will need to be resubmitted if a scheduled volunteer shift is not completed within 60 days of the initial volunteer orientation.

I have received, read, and understand the Historic Carousel and Museum's Volunteer Policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature of Minor: \_\_\_\_\_ Date: \_\_\_\_\_

***Insurance mandates that all volunteers be at least 14 years old.***

Contact: Kate Leventhal  
Volunteer Coordinator  
albanycarouselvolunteers@gmail.com  
541-497-2934 x 4

Form last updated 8/26/2021, JKJ.