



Wenatchee Valley Museum and Cultural Center

Volunteer Information and Application

Thank you for your interest in volunteering with the Wenatchee Valley Museum and Cultural Center! Volunteers are an essential part of our everyday operations and we appreciate your time to complete this application.

We will work to match your interests and abilities with the needs of the Museum. After your application is reviewed, a Museum staff member will contact you to schedule your interview. The interview process is essential in finding volunteers that fit our needs, while in placing our volunteers in areas where they can excel. Please feel free to attach a resume or any other supplemental materials.

If accepted, volunteers will become integral members of our staff and programs, and are expected to assume the same responsibilities as regular WVMCC staff.

NOTE: Participants may be photographed for educational, archival, and public relations purposes for WVMCC. If you do not wish to have your photograph taken or published, please let a staff member know.

First and Last name: _____ Pronouns: _____

Age range: Under 18 18-35 36-55 56-65 Over 66 Birthdate: (if under 18) _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Email Address: _____

Preferred method of contact: Phone: Text: Email:

Emergency Contact: Name _____ Relationship _____ Phone _____

Availability:

Start date: _____ End date: _____ Hours per year you want to volunteer: _____

(Please check the boxes for the times you are available)

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Skills and Interest:

Is this your first time volunteering in a museum - Yes No

Do you possess a valid First Aid or CPR certification? _____ Expiration date (if applicable): _____

Do you have your MAST card for serving alcohol? _____ Would you be willing to get one? _____

What is your goal or reason for volunteering? _____

Please describe any volunteer work you have done: _____



Volunteer Placement:

I have an interest in volunteering in the following areas of the museum, (Check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Archives/Collections* | <input type="checkbox"/> Children/Family Programs* | <input type="checkbox"/> Docent (Tour Guide)* |
| <input type="checkbox"/> Community Outreach
(Bilingual desired) | <input type="checkbox"/> Facility Maintenance | <input type="checkbox"/> Guest Services/Front Desk |
| <input type="checkbox"/> Administrative or
Marketing Support | <input type="checkbox"/> Model Railroad/Riverfront
Railroad | <input type="checkbox"/> Special Events & Programs |
| <input type="checkbox"/> Evening Programs
(MAST Certification) | <input type="checkbox"/> Spring Break and Summer
Children's Programs* | <input type="checkbox"/> Wells House |

*Areas of working with children and/or museum assets and requires a background check.

References:

List two persons who will be happy to give a reference on your behalf:

Name _____ Relationship _____ Contact _____

Name _____ Relationship _____ Contact _____

Volunteer Agreement

I certify, to the best of my knowledge, that all information given by me/applicant _____, in this application and in any other forms I/applicant complete during the application process is true and correct. I understand that false or misleading statements made by me/applicant or consequential omissions of any kind in the application process, are sufficient cause for not being accepted as a volunteer or for being dismissed if I/applicant am already a volunteer no matter when discovered.

I authorize Wenatchee Valley Museum and Cultural Center (WMVCC) to investigate all of the information contained in this application and complete any background checks necessary. Any persons or employment, volunteer history, character, and qualification and they are hereby released from all liability for providing such information.

I understand that there will be an interview prior to my/applicant's being accepted as a museum volunteer and I/applicant will be expected to complete the required training for museum volunteers.

I agree to hold Wenatchee Valley Museum and Cultural Center, its agents, officers, employees and volunteers harmless from any liability, loss, or claim for injury or damages arising from my participation in this program.

Applicant signature: _____ Date: _____

Parent/ Guardian signature: _____ Date: _____

Staff signature: _____ Date: _____

Thank you.

You will be contacted by our Volunteer Coordinator once this form is returned to:

Wenatchee Valley Museum and Cultural Center

127 South Mission, Wenatchee, WA 98801

Telephone: 509.888.6243

Email this form to: Randi Roberts at rroberts@wvmcc.org

Received: _____ Master List: _____ Constant Contact: _____ Altru: _____ Background Check: _____

August 2024 RR

