



Youth Application for Volunteer Service

Visitor Services Positions

| | | | |
|--|--------------|------------------------------|----------------------|
| | | | Date / / |
| Applicant Name | | Home Phone | |
| Parent or Guardian Name(s) | Relationship | Work Phone (Parent/Guardian) | |
| | | Cell Phone (Parent/Guardian) | |
| Address | | Cell Phone (Applicant) | |
| City | State | Zip | Date of Birth / / |
| Applicant Email | | Parent/Guardian Email | |
| High School | | Projected Graduation Date | |
| *Middle school students, write the high school you will attend in the upcoming year: | | | |

Visitor Services Volunteer Positions

You should complete this application only if you are specifically interested in OMSI's Visitor Services Volunteer position. Applications are accepted on an ongoing basis for this position. If you are interested in applying for the school year Museum Education Youth Volunteer position, please fill out the Museum Education Youth Volunteer Application. Applications for the fall semester are accepted from August 1 – September 25, and applications for the spring semester are accepted from December 1 – January 25. If you are interested in the summer Rising Stars program, please fill out a Rising Stars Volunteer Application. Applications for Rising Stars are accepted from January 1 through April 15. More information is available on our website, www.oms.edu/youthvolunteers.

Visitor Services Volunteers must be able to commit to at least two four-hour shifts per month for at least nine months. Are you able to make this commitment? Yes No

If NO, please tell us what time commitment you are able to make:.....

Availability

OMSI is open 9:30 a.m. – 5:30 p.m. during the school year and 9:30 a.m. – 7:00 p.m. during the summer. **What are your preferred days and times to volunteer?**

| Day | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Time | | | | | | | |
| A.M. (9:30 – 1:30) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| P.M. (1:30 – 5:30) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

References

Please list three references that we may contact regarding your application. (At least one should be from a teacher/staff member at your school, and the other two can be work, personal, or school references. **Please do not list family members or relatives.**)

Name: Email:
Relationship to you: Contact Phone:

Name: Email:
Relationship to you: Contact Phone:

Name: Email:
Relationship to you: Contact Phone:

Work, Volunteer, Academic and Other Experiences

Please describe your previous work or volunteer experiences:

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.....
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Please list additional relevant extracurricular activities (sports, clubs, groups, etc.):

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OMSI serves a diverse audience and we are always seeking people willing to facilitate our visitors' experience in the museum. **If you are fluent in a language other than English**, and are willing to share your skills in a translation and/or interpretation role, please indicate:

Yes No If Yes, please list languages:

Are you fluent in American Sign Language? Yes No

Where did you hear about volunteering at OMSI?

- OMSI website Friend or Family Member School Club or Community Organization
 Visiting OMSI Museum Employee or Volunteer Other (please list):

Why are you interested in volunteering at OMSI?

- Community Involvement Work Experience School Service Learning/ Community Service (number of hours):
 Court-Ordered Other (please explain):

What goals or outcomes do you wish to see as a result of your volunteer experience?

(Please be as specific as possible; this will help us determine placement and plan training opportunities in the future):

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Certification

Please read carefully before signing application

- A. OMSI is an equal opportunity employer and will consider applicants for all volunteer positions without regard to race, color, sex, religion, creed, age, national origin, sexual orientation, gender identity, citizenship status, physical or mental disability, veteran's status, or any other status protected under applicable local, state, or federal law.

- B. The skill-sets of the applicant will be compared to those skill-sets needed to fulfill current volunteer positions. Placement will be made based on the recommendation of the volunteer staff and the museum education staff, and the willingness and ability of the applicant to perform the required duties at the times needed by the museum. Volunteers must be able to perform activities of daily living without assistance from OMSI staff while in the workplace.

- C. OMSI will not tolerate sexual harassment or harassment on the basis of any protected class status in the workplace.
 - I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission of the application will result in my being eliminated from further consideration. I further understand that, if accepted, any misrepresentation on written applications or in interviews that becomes known to OMSI may result in immediate dismissal.

 - I authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give OMSI's representative any relevant information regarding my previous employment and job performance. I release OMSI and all previous employers and supervisors from liability for any damages that may result from furnishing information to OMSI.

 - I agree to abide by existing and future instruction, rules and policies of OMSI. I understand that my position can be terminated at any time, at the option of either OMSI or myself.

 - I understand that OMSI is not responsible for transportation to or from the museum and all arrangements for transportation are to be established between myself and my parent/guardian. We release OMSI from liability for *(applicant's name)*

 - I grant OMSI and its agents and representatives my permission to publish, sell or otherwise use in any medium and for any lawful purpose, any photographs/images taken of me while volunteering, in perpetuity. I understand that these will be included in OMSI's stock photo files and may or may not be used in advertising and promotional mediums. I agree that the photos/images are the sole property of OMSI and waive any right to prior approval for any use of the photo(s)/image(s). I understand that OMSI is not compensating me for allowing the use of photos/images and I freely agree to these terms.

 - I agree that I offer my services as a volunteer with no expectation of monetary compensation and I fully understand that I will be required to attend all scheduled training sessions.

I have read and reviewed the above certification statements and other information on the application.

Yes **No**

Applicant's Signature:
Typed name accepted as signature

Date:

Parent or Guardian Signature:
(if under 18) Typed name accepted as signature

Date:

Submit your application to:
OMSI Volunteers
1945 SE Water Ave.
Portland, OR 97214

Or VolunteerServices@omsi.edu
Or fax it to 503-797-4568

You may contact our office at 503-797-4596.



Youth Volunteer Medical Information

This information is confidential and will be used only in the event that you require assistance. It will not, in any way, act as a condition of your acceptance into the volunteer program.

| | |
|----------------------|------------------------------|
| Name | Date / |
|----------------------|------------------------------|

In case of emergency, contact:

Name: Relationship:

Home Phone: (.....) Work Phone: (.....) Cell Phone: (.....)

Name: Relationship:

Home Phone: (.....) Work Phone: (.....) Cell Phone: (.....)

Does your child require any special accommodations in his/her work area? Yes No

Note: Volunteers must be able to perform activities of daily living without assistance from OMSI staff while in the workplace.

Describe:

Is he/she currently taking any medications regularly? Yes No

Please list:

Does he/she have serious allergies? Yes No

Please list:

Does he/she require emergency medication for these allergies? Yes No

Please list and describe any medical administration that may be required in an emergency:
.....

Do we have permission to give prescribed or over the counter medication to your child in the event of an allergic reaction? Yes No Restrictions? Initials

Please list/describe any medical conditions of which we or emergency personnel should be aware (e.g., seizures, diabetes, etc.):

I give my permission to release this information to emergency medical personnel and those persons who serve as my child's immediate supervisors. Yes No

I authorize the administration of First Aid by OMSI staff in the event of an emergency.
 Yes No

Parent or Guardian Signature: **Date:**

Typed name accepted as signature