



**Pennsylvania
Lumber
Museum**

Pennsylvania Lumber Museum
PO Box 239
Galeton, PA 16922
(814) 435-2652 www.lumbermuseum.org

Volunteer Application

Date: _____

Name: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Are you a museum member? Yes No

How did you learn about the volunteer program at the PA Lumber Museum? _____

Why do you want to volunteer at the PA Lumber Museum? _____

List any hobbies, skills, talents, or training that you would like use to know about: _____

Area(s) of Interest

- | | |
|---|--|
| <input type="checkbox"/> Guiding tours | <input type="checkbox"/> Grounds Keeping |
| <input type="checkbox"/> Caring for Collections | <input type="checkbox"/> Diesel Mechanical Skills |
| <input type="checkbox"/> Library Organization & Research | <input type="checkbox"/> Model Train Operation |
| <input type="checkbox"/> Off-Site Outreach Programs | <input type="checkbox"/> Helping with On-Site Programs |
| <input type="checkbox"/> Historic Trades & Equipment Demonstrations | |

Availability (check all that apply)

- | | | | | | |
|-----------|----------------------------------|------------------------------------|----------|----------------------------------|------------------------------------|
| Monday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | Friday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| Tuesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | Saturday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | Sunday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| Thursday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | | | |

Confidential Emergency Contact Information

Name: _____ Relationship: _____

Phone Number: _____

Special Requirements/Medical Alerts/Allergies: _____

Reference

Please give the name and contact information for someone who has knowledge of your character, expertise, and ability

Name: _____ Relationship: _____

Phone Number: _____ Email Address: _____

Please return completed form and waiver to:
palumbermuseum@gmail.com

Or mail to:
Pennsylvania Lumber Museum
PO Box 239
Galeton, PA 16922

Confidential Information: PLEASE READ CAREFULLY

Pennsylvania Lumber Museum and our friends' group the Pennsylvania Lumber Museum Association (PALMA) **are required by law** to request a Pennsylvania Child Abuse History Clearance and a Criminal Record Check on **ALL** volunteers and staff. All public service organizations must take reasonable precautions when appointing adults who work directly with the public, especially children. This confidential section contains information required by current legislation and Commonwealth of Pennsylvania safety regulations.

Volunteers are also required to obtain a certificate of completion as Mandated Reporter. For further information on this certification, please visit <http://keepkidssafe.pa.gov/resources/training/index.htm> Volunteers will receive details on how to obtain their certification.

Please fill out the Pennsylvania Child Abuse History Clearance form attached to this application. The Site Administrator will fill out and submit the forms for the Criminal Record Check. These forms along with the rest of your volunteer application will be only used for volunteer background check records and will be locked into the Pennsylvania Lumber Museum and PALMA personnel files.

In the selection of volunteers, there shall be no discrimination against an otherwise qualified individual on the basis of race, color, ethnicity, sex, religion, creed, national origin, age, disability, marital status, veteran status, or any other basis prohibited by federal, state or local law.

THANK YOU FOR YOUR TIME IN COMPLETING THIS APPLICATION. THIS IS NOT AN APPLICATION FOR EMPLOYMENT. PLEASE READ AND SIGN THE APPLICANT'S STATEMENT BELOW.

APPLICANT'S STATEMENT

In signing this form, I affirm that the statements contained in my application are true and correct to the best of my knowledge. I certify that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that my misrepresentation or omission of facts on this application will be cause for rejection or withdrawal of my affiliation with the Pennsylvania Lumber Museum.

I hereby authorize with the Pennsylvania Lumber Museum to check all my references; I further authorize these references to release to you any information needed. I hereby release any person or entity providing a reference from any and all liability by reason of furnishing such information to the Pennsylvania Lumber Museum or its agent. I further authorize the Pennsylvania Lumber Museum or its agent to show a copy of this application and acknowledgement of consent to any person asked to provide a reference.

I understand that state law requires a Criminal Record Check and Child Abuse History Clearance for persons working with children. I understand that federal and state law may require a Federal Criminal History Records Check. I agree, if required, to supply a fingerprint sample and submit to a Federal Criminal History records check.

Signature: _____ Date: _____

PALMA is a non-profit community-based organization that actively supports the Pennsylvania Lumber Museum, administered by the Pennsylvania Historical and Museum Commission.