



Yale Peabody Museum Summer Camps Volunteer Application

**** For Office Use Only****

Data ID Number	Assignment
Badge Requested	Start Date

APPLICATION— please print

Name of Volunteer _____ Date of Birth ____ / ____ / ____
(Last) (First) (Middle Initial)

Current Address _____ City _____

State _____ Zip Code _____ Email _____

Home Phone (____) _____ Work (____) _____ Cell (____) _____

Name of Parent(s) / Guardian(s): _____ Relationship to Child: _____

Current Address _____ City _____

State _____ Zip Code _____ Email _____

Home Phone (____) _____ Work (____) _____ Cell (____) _____

GENDER Male Female AGE 14 and over

ETHNICITY African American/Black American Indian Asian Caucasian/White
 Hispanic/Latino Other/Multiple

This information is collected for use in grant applications and reporting. Providing this information is completely voluntary.

SKILLS / EXPERIENCE / ABILITIES / LANGUAGES Have you ever applied to be a volunteer or been employed in a museum before? Yes No If yes, please list your experience:

Please describe your employment experience and any education or background you have.

Please describe any natural history or science, or any people related experience, you have.

REFERENCES

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

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone (____) _____

Insurance & Doctor Contact Information

Doctor's Name: _____ Phone: (____) _____

Name and Address of Insurance Carrier: _____

Name of Policy Holder: _____ Policy Effective Date: ____ / ____ / ____

Signature of Insurance Policy Holder: _____

Signature of Parent/Guardian: _____ Today's Date: ____ / ____ / ____

Parent/Guardian Consent Form

I give permission for my name or child's name, address and/or email to be put on a general mailing list to receive any mailings from other Yale Peabody Museum departments.

Address: Yes No Email: Yes No

During the course of the Yale Peabody Museum Summer Camps ("the Program"), we may use photographs, videos, films, or other media to record or otherwise capture your child's image or voice or material resulting from his or her activities or performances (collectively, "Images and Recordings"). As described below, this form allows Yale University and its contractors, agents, and licensees ("Yale") to use those Images and Recordings.

You agree to the following:

1. You grant to Yale the permanent right to use the Images and Recordings in all types of media in connection with the Program and for other purposes that support Yale's not-for-profit mission. This permission includes use of the Images and Recordings in any new types of media that might be developed in the future.

Yes No

2. Neither you nor anyone else acting on behalf of your child will have any right to approve or be paid for Yale's use of the Images and Recordings.
3. Neither you nor anyone else acting on behalf of your child will have any right to make a legal claim as a result of Yale's use of the Images and Recordings, and any such claim is covered by the "Assumption of Risk, Release from Liability and Indemnification" that you have signed.

Signature of Parent / Guardian: _____ Date: ____/____/____

Signature of Volunteer (only if you are 18 years old or older): _____

Health Care / Medical Release Form

Do you have any special needs? Please list all allergies, medications, or special conditions that may require our attention. _____

Do you take any medication or require taking medication during camp? (Example: asthma pump). If so, please list all medication here: _____

Emergency Contact Information

Name of Emergency Contact _____ Relationship _____

Home Phone (____) _____ Work (____) _____ Cell (____) _____

Signature of Parent / Guardian: _____ Date: ____/____/____

Signature of Volunteer (only if you are 18 years old or older): _____

Permission to Seek Medical Care

Permission is hereby granted for medical and/or surgical care and/or treatment to be provided for the applicant by medical personnel at the Yale University Health Services while s/he is enrolled in the Yale Peabody Museum Summer Camps. Should a medical emergency arise during a field trip, permission is granted to obtain treatment at a nearby hospital. Parent or guardian understands that his/her insurance may or may not cover the costs of any treatment provided by Yale University Health Services or any other treating hospital or provider, and parent or guardian accepts full responsibility for payment of all costs incurred.

Signature of Parent / Guardian: _____ Today's Date: ____/____/____

Signature of Volunteer (only if you are 18 years old or older): _____

Assumption of Risk, Release from Liability and Indemnification

My child, _____, is not yet 18-years-old and will participate in the Yale University (“Yale”) Yale Peabody Museum Summer Camps, from June 26, 2017 to August 18, 2017, (the “Program”). The summer camp programs will be held at the Yale Peabody Museum at 170 Whitney Avenue, New Haven, CT 06511. The summer camps provide the opportunity to learn about natural and cultural history in a relaxed setting, through fun and engaging hands-on experiences. The Museum’s world-class collections and exhibits serve as a truly unique backdrop to each week’s program. This document (“Agreement”) covers all aspects of my child’s participation in the Program. In this Agreement, “Yale” means Yale, its trustees, officers, employees, trainees, students, volunteers, and agents.

1. **Program Risks.** I understand that participation in the Program involves risks that Yale cannot eliminate, including, among others, risk of property damage, illness, field trips or transportation to and from field trip locations, use of non-motorized tools, bodily injury, permanent disability, and death.
2. **Assumption of Risk.** I voluntarily take responsibility for all risks of participating in the Program.
3. **Release.** In exchange for Yale allowing my child to participate in the Program, I release Yale from all legal and financial responsibility for any harm that I, my child, or our property might suffer as a result of my child’s participation, even if the harm is caused by Yale’s **negligence**.
4. **Indemnification.** I agree to indemnify and hold Yale harmless from (that is to say, I agree to pay or reimburse Yale for) any costs, penalties, legal fees, or judgments (“Costs”) that Yale has to pay related to my child’s participation in the Program, even if the Costs resulted from Yale’s negligence.
5. **Governing Law and Jurisdiction.** The laws of Connecticut shall govern and the courts of Connecticut shall interpret this Agreement.
6. **Binding Agreement.** This Agreement shall legally bind me, and my child, family members, spouse, estate, heirs, administrators, or personal representatives.
7. **Severability.** If a court decides that any part of this Agreement cannot be enforced, I agree to change that part to make it enforceable. If the unenforceable part cannot legally be changed, it will be severed, but the rest of the Agreement will remain in effect.
8. **Signature.** I agree that I have read and understood this Agreement, I am competent to sign it, and I do so voluntarily and without relying on anything Yale wrote or told me except what is written above. I understand that I am free not to sign this Agreement and to find a different program for my child.

Before you sign this Agreement, please read it carefully because it affects your legal rights.

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: ____ / ____ / ____

Name of Volunteer (printed): _____ Volunteer Birthdate: ____ / ____ / ____

Please return to Josue Irizarry – Camp Director, Yale Peabody Museum
P.O. Box 208118, 170 Whitney Avenue, New Haven, CT 06520-8118 • (203) 432-6646