



# 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