

Parma Area Historical Society (PAHS) / Stearns Homestead Volunteer Application

Volunteers must be 18 year of age or older.

Please print
Name: _____ Date of Birth _____

Address: _____

City: _____ Zip Code: _____

Email: _____

Phone# _____ Cell# _____

Emergency Contact Name/Relation _____

Emergency Contact Phone # _____

Medical Issues/Allergies we should be aware of _____

Volunteer purpose: (circle one if applicable) organization service hours - vet school hours - community service required

Have you worked as a volunteer previously? Yes No If yes, where? _____

How did you hear about us? From volunteer - Website - Friend - Visiting - Other _____

I am available _____ weekdays _____ weeknights _____ weekends
(be specific if you are only available certain days/times)

Please checkmark your area(s) of interest:

Museum Houses: ___ give tours ___ inventory/research ___ general housekeeping ___ record keeping (computer work)

Country Store: ___ store clerk (weekends) ___ general housekeeping

Barn/Animals: ___ care & grooming ___ weekend feed table sales ___ farm tour guide weekdays

Garden & Farm Market & Grounds: ___ help plant & maintain vegetable garden, harvest

___ general garden chores (dig, transplant & seasonal work) ___ care of grounds & upkeep

___ public speaking and teaching ___ set up and assist at farmers market stand (Saturdays) ___ advertising and outreach

Website, Public Relations: ___ website updating (WordPress) ___ Newsletter ___ Photos ___ Advertising

Specialty / Expert: ___ equipment repairs (tractors) ___ carpentry skills ___ general maintenance

manage cabin rentals _____ schedule _____ and/ or host _____ farm tours for schools/groups

Other skills or hobbies you can provide: _____

Other notes, comments, suggestions: _____

Signature _____

Review, sign and return volunteer waiver/release form with this application

PAHS MEMBERSHIP WILL BE REQUIRED TO VOLUNTEER AT THE FARM.

As a PAHS Member, you are entitled to a vote at the PAHS Annual Meeting, join our Facebook volunteer page and will receive additional correspondence when/if applicable. PAHS Individual Annual Membership is \$10.00

Volunteer scheduling is not guaranteed and subject to dismissal at anytime.

FOR PAHS USE ONLY Individual Membership Fee \$10.00 Paid Date _____ Check# _____ / Cash _____

Parma Area Historical Society (PAHS) /Stearns Homestead Volunteer Waiver/Release Form

In consideration of being offered the opportunity to participate in the PAHS volunteer program,
I _____ agree as follows:

1. I will adhere to the following rules. I will abide by all policies, procedures and instruction as adopted by and provided by PAHS or described to me by its agents, with the understanding that these rules may change from time to time.
2. I authorize emergency treatment. I give PAHS permission, in its discretion, to call the police, fire/rescue, or emergency medical services and to transport me to any hospital or medical center in the event of a medical emergency. I accept full financial responsibility for such emergency transport and treatment rendered.
3. I will make no public statements or contracts. I understand that I have no authority to make public statements on PAHS's behalf, to enter into contracts for PAHS, or to otherwise obligate PAHS in any way.
4. I am not an animal cruelty or other violent offender. I certify that I have never been charged with or convicted of any offense related to the cruelty, abuse, neglect or abandonment of animals, or any other violent or sexual offense.
5. I can be terminated. I understand that PAHS may terminate me at any time, with or without cause. Upon termination, or upon my voluntary resignation, I will immediately return all equipment, records and other property owned by PAHS.
6. I will keep information confidential. I will not disclose any information relating to the operation of PAHS, its business or financial condition, including but not limited to its policies, financial or business records, donor lists, personnel documents, or intellectual property. This restriction shall apply even after I am no longer acting as a volunteer for PAHS.
7. My image may be used. I support PAHS's mission, therefore I grant permission to PAHS to use for art, promotion, advertising, trade or any similar lawful purpose, any photograph, video, sound recordings or quote taken of or made by me relating to my volunteer activities with the organization without prior review, reimbursement, or compensation of any kind.
8. I accept the risks. On behalf of myself and my heirs, assigns, executors and administrators, I hold harmless and indemnify PAHS, its directors, officers, agents, and volunteers, from any and all losses, claims, actions or proceedings of every kind and character, including claims for negligence and for damages of any kind, including damage to property, personal injury or death to me or to third parties which may arise directly or indirectly from my presence at properties controlled or used by PAHS, my handling or being in vicinity of animals, or my participation in any volunteer activities. PAHS encourages all volunteers to maintain their own medical, property and life insurance coverage while serving as a volunteer, as all costs for injury or loss are my personal responsibility.
9. Reimbursement policy. I will only be entitled to reimbursement for out-of-pocket expenses when I have previous written permission from authorized officers of PAHS and can provide receipts as proof for each expenditure.
10. Remedies. PAHS may bring an action at law or in equity in a court of competent jurisdiction to enforce the terms of this Agreement, to enjoin the violation, *ex parte* as necessary, by temporary or permanent injunction, to recover any damages to which it may be entitled for violation of the terms of this Agreement. PAHS's rights under this paragraph apply equally in the event of either actual or threatened violations of the terms of this Agreement. I agree that PAHS's remedies at law for any violation of the terms of this Agreement are inadequate and that PAHS shall be entitled to the injunctive relief described in this paragraph, in addition to such other relief to which PAHS may be entitled, including specific performance, without the necessity of proving either actual damages or the inadequacy of otherwise available legal remedies.
11. Binding Agreement. This Agreement constitutes the entire understanding between the parties. This Agreement shall be construed according to Ohio law, and shall be enforced by the proper court with jurisdiction over Parma, Cuyahoga County, Ohio. This Agreement may not be amended or modified without a writing signed by all parties.

THE UNDERSIGNED HAS READ, UNDERSTANDS, AND VOLUNTARILY AGREES WITH THE ABOVE TERMS.

Signature of Volunteer

Date

Print Name of Volunteer

Complete and return both pages to
Parma Area Historical Society
PO Box 29002 Parma OH 44129
or email: stearns Homestead@gmail.com

06/2021