



Youth Volunteer Application Form (Under 18)

The National Steinbeck Center is a 501(c)(3) non-profit which categorizes our organization as one that offers the community a public good without earning a profit. The mission of the National Steinbeck Center is to use John Steinbeck's life and works to preserve his legacy, to inspire, to educate, and to understand each other. Becoming a volunteer at the NSC directly supports that mission.

Please fill out this form completely and accurately. Return to Natalia Luna, natalia@steinbeck.org

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Email Address: _____

Date of Birth (month, day, year): _____

School: _____ School Address: _____

School Phone: _____ Anticipated Graduation Date: _____

Do you have any special skills or knowledge you believe would be beneficial to the NSC?

What languages, other than English, are you able to speak fluently/proficiently?

_____ Other: _____

What days and times are you available to volunteer? Please write availability times in boxes.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							

Which of the following jobs are you interested in volunteering for?

- Docent/Tour Guide
 Education Assistant
 Exhibit Helper
 Archives Assistant/Researcher
 Events/Front Desk Assistant
 Other: _____

Applicant's Signature

Date

Parent/Guardian Consent

My child, _____ (student name), has my permission to volunteer in the National Steinbeck Center at One Main Street in Salinas. Please note that participation is completely voluntary, and as such, attendance is not required. I give permission for my child's image to be used by the National Steinbeck Center. I give unlimited permission to use, publish, and republish for purposes of education or advertising, trade, or any lawful use, information about my child and reproduction of their likeness (photographic or otherwise). I understand that any material created by my child may be used by the National Steinbeck Center for future use and credit will be given when possible.

Acknowledgment of Risk: The undersigned acknowledges and is fully aware that tasks and jobs of a volunteer at the Center are potentially dangerous activities with inherent risks and hazards and that the participation in the activities exposes the participant to a risk of property damage, bodily injury and/or personal injury. The undersigned expressly acknowledges that the participation in the activities during volunteering will involve such a hazard.

Release: The undersigned, for herself/himself, the participant, and successors, assigns, heirs, estate, employees, and all other persons, known or unknown, being fully aware that participation will expose any of them to a risk of property damage, bodily injury and or personal injury, hereby releases, waives discharges and covenants not to sue the National Steinbeck Center, their officers, directors, trustees, employees, agents, representatives, volunteers, and servants and all other persons and associates connected with the National Steinbeck Center, whether known or unknown, from any and all liability, including liability for activity or passive negligence, for any and all property damage, personal injuries, bodily injury, death and/or other claims or causes of action arising out of or relating to the participation in the activities during volunteering, INCLUDING THOSE CLAIMS WHICH ARE KNOWN AND UNKNOWN, FORESEEN AND UNFORESEEN, FUTURE OR CONTINGENT.

Assumption of Risk: Acknowledging that the activities during a volunteer shift are potentially dangerous activity with inherent risks and hazards which expose participants or volunteers to the risk of property damage, personal injury and or bodily injury, the undersigned, for herself/himself and successors, assigns, heirs, estate, employees, and all other persons, known or unknown, hereby elect to voluntarily assume any and all risks of loss, damage, injury or death arising out of or relating such participation.

Covenant Not To Sue: The undersigned, for herself/himself, the participant, and successors, assigns, heirs, estate, and all other persons, known or unknown, covenants not to directly or indirectly commence or prosecute any action, suit, claim or other proceeding against the National Steinbeck Center, their officers, directors, trustees, employees, agents, representatives, volunteers, and servants, and all other persons and associates connected with the National Steinbeck Center, known or unknown, arising out of or related to the Day of Writing. The undersigned is aware of Civil Code §1542 and waive its effect. Civil Code §1542 provides: "*A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.*"

Indemnification: The undersign parent or guardian hereby agrees to defend, indemnify and hold harmless the National Steinbeck Center for all damages, losses or injuries in any way relating to or arising from the child's actions or inaction's.

Assurances: The undersigned has full power, authority, capacity and right without limitation to execute, deliver and perform this release.

Binding Effect: This release shall be binding upon the undersigned and the undersigned's spouse, legal representative, heirs, successors and assigns.

This release has been carefully and fully read by the undersigned and the undersigned fully understands its terms and conditions and has voluntarily executed and delivered this release as of this ____ day of _____, 2019.

Emergency Medical Authorization Form

I, as the parent or legal guardian of the participant, know that transportation to and from my child's volunteer shift is not provided by the National Steinbeck Center. The parent or guardian is responsible for ensuring transportation to and from the Center. The National Steinbeck Center is not responsible for students who are not picked up from the Center after 5:00 PM, business hours, during a child's volunteer shift.

I, as the parent or legal guardian of _____, do hereby execute this agreement on behalf of the above-named participant.

Signature of Parent/Guardian: _____

Print Name: _____

Date: _____

Address: _____

Phone Number(s): Home _____ Cell: _____

Should it be necessary for my child to have emergency medical treatment during a volunteer shift, I hereby authorize National Steinbeck Center personnel to use their judgment in obtaining emergency medical services, including x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, for my child. I further authorized any duly qualified individual selected by the National Steinbeck Center personnel to render such emergency medical treatment to my child, as s/he may deem necessary and appropriate. I understand that the National Steinbeck Center does not have insurance that pays the medical or hospital costs that might be incurred on behalf of my child.

My child has the following special medical needs or allergies:

In case of emergency, please contact:

1. Name: _____

Phone Number: Home: _____ Cell phone: _____

2. Name: _____

Phone Number: Home: _____ Cell phone: _____

Parent/Guardian's Name & Signature:
