



INTERN / VOLUNTEER APPLICATION

Note: Please fill out all information blanks in this application. Please e-mail to: info@brownsvillehistory.org. Note that the BHA will need your signature on a hard copy of this document for our records.

Date: _____

Name: _____

Address: _____

City: State: Zip: _____

Phone: (Home): _____ (Cell): _____

Email: _____

SKILLS/ QUALIFICATIONS

Current Occupation: _____

Hobbies, Interests: _____

Education Level

High School Diploma/GED Year graduated _____

Some College _____

If yes, where? _____

What is your Major? _____

Expected graduation year? _____

Undergraduate Degree / If yes, from what college and what kind of undergraduate degree? _____

Graduate Degree / If yes, from what college and what kind of graduate degree? _____

Other: _____

Skills/Languages (List your skills and indicate proficiency level)

1. _____

2. _____

3. _____

4. _____

5. _____

List previous volunteer experience: _____

Why do you want to volunteer with the Brownsville Historical Association? _____

Is there a particular type of volunteer work in which you are interested?

(Check all that apply)

- Visitor Services (Greeting, Special Events, Reception, Gift Shop, Tours)
- Collections (Database, Art handling, Archives, Curate, Research)
- Custodial (Grounds Maintenance, Housekeeping, Gardening)
- Marketing (Flyer design, research, errands, communications, social media)
- Technical (Computers, IT, Data-Entry)
- Other: _____

AVAILABILITY

What times are you interested in volunteering?

Our regular business hours are Tuesday to Saturday from 10 am to 4pm, with occasional events on Sundays and evenings.

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Times I cannot Volunteer _____

VOLUNTEER CONTRACT

As a volunteer, you are an important member of our staff and act as a representative of our organization to the community at large. For a better understanding of what you can expect as a volunteer and what is expected of you by the organization, we ask you to read and sign the following Volunteer Contract.

The organization will provide for you:

- Beneficial and life enriching experiences
- An opportunity to learn how museums operate
- Comprehensive orientation and general training sessions

The organization asks that you:

- Work an agreed number of hours (minimum of 25 hours) on a schedule basis that is acceptable to both you and the organization
- Choose an assignment within your abilities, interests, and schedule
- Conduct yourself in an appropriate and ethical manner at all time when dealing with visitors, board members, and staff
- Must be able to work independently and at times unsupervised
- Have fun and ask questions as needed

Waiver and Release of Liability

In consideration of being allowed to volunteer my services at the BHA, I hereby acknowledge that there are certain risks of injury involved, and I knowingly and freely assume all such risks and assume full responsibility for my participation. To the extent allowed by law, I agree to indemnify and hold harmless BHA , its officers, employees, agents, representatives and volunteers, of all liabilities and all loss or damage to person or property which may occur or be incident to my involvement or participation.

Volunteer Signature: _____

Date: _____

VOLUNTEER CONFIDENTIALITY AGREEMENT

I recognize that as a volunteer of BHA, a Texas non-profit corporation, I may have access to confidential information concerning BHA, its guests, customers, agents, employees, volunteers or representatives. In consideration of any volunteer status with BHA, I agree I will not at any time, during or after volunteering for BHA, divulge or reveal to any person, firm, or corporation, any information (including, but not limited to, personal or financial information or customer lists), directly or indirectly, which might in any way be used to injure or interfere with the business BHA, or to alienate guests, customers, agents, employees, volunteers or representatives from BHA or to cause discontent or dissatisfaction among any such persons.

I agree that should I have any questions as to the propriety of release of any information, I will request clearance from BHA prior to releasing such information.

By my signature I declare that I have read, understand, and agree with all parts of the Volunteer Contract and will strive to fulfill all parts therein.

Volunteer Signature: _____

Date: _____

COMMENTS/QUESTIONS _____
