



CAPITOL SQUARE

REVIEW AND

ADVISORY BOARD

Return to: Luke Stedke
Volunteer Coordinator
Capitol Square Review and Advisory Board
Ohio Statehouse Museum Education Center
Ohio Statehouse
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The OHIO STATEHOUSE MUSEUM EDUCATION CENTER APPLICATION FOR VOLUNTEER PROGRAM

Date of Application ___ / ___ / ___

NAME _____
Last
First
Middle

Address _____
ZIP _____

Phone: home _____ work _____

Email address: _____ birthdate (optional) _____

Educational Background

Last year of school _____
 Name of school _____
 Years attended _____ Degree _____

Employment Experience

1. Employer _____
 Position _____
 Type of Work _____
 Year employed _____
 2. Employer _____
 Position _____
 Type of Work _____
 Years employed _____

Volunteer Experience

1. Organization _____	2. Organization _____
Duties _____	Duties _____
Position _____	Position _____

Time and Day of the week you can volunteer?

Monday	morning ___	afternoon ___	all day ___
Tuesday	morning ___	afternoon ___	all day ___
Wednesday	morning ___	afternoon ___	all day ___
Thursday	morning ___	afternoon ___	all day ___
Friday	morning ___	afternoon ___	all day ___
Saturday	morning ___	afternoon ___	all day ___
Sunday	morning ___	afternoon ___	all day ___

Your area(s) of interest or event in volunteering

How did you hear about our program?

THE OHIO STATEHOUSE MUSEUM EDUCATION CENTER

The Capitol Square Review and Advisory Board has established the following guidelines:

- 1. A minimum of 35 hours per fiscal year (July through June) is required to maintain active volunteer status, unless excused by the volunteer coordinator.
- 2. Promptness is expected of each volunteer assigned to a tour or special duty. Volunteers assigned to a tour should arrive fifteen minutes before their scheduled tour time. If a volunteer is scheduled for a walk-in tour they are responsible for that specific tour until fifteen minutes past the tour hour. For example if a volunteer is scheduled for the 12 o'clock walk-in tour he or she is responsible for that tour until 12:15 pm.
- 3. If you are unable to fulfill your responsibilities, please call the Volunteer Coordinator well before your appointed time.
- 4. Each volunteer will be required to comply with specific sections of the CSRAB Employee Handbook.
- 5. Volunteers may be dismissed from the volunteer program for non-fulfillment of the above requirements or for unprofessional performance.

I, _____, agree to the above requirements and take responsibility to see that they are fulfilled.

RELEASE OF LIABILITY

In consideration for the Ohio Statehouse Museum Education Center allowing me to participate as a volunteer in its volunteer program, I hereby release the Capitol Square Review and Advisory, its officers and employees, from any claims for personal injury or property damage arising out of my participation in the program. I understand that an injury sustained by me while participating in the volunteer program will not be covered by Worker's Compensation or Health Insurance provided by CSRAB.

Volunteer's Signature

Address

Date

Health Information

The following information is requested in case of emergency:

Health Insurance Plan or Policy: _____

Policy No: _____

In case of emergency notify:

Name: _____ Phone: _____

Address: _____