

Volunteer Agreement

This Volunteer Agreement is an agreement between:	
	("Volunteer") and Charles M. Schulz Museum and
Research Center ("Charles M. Schulz Museum").	
This Volunteer Agreement may be cancelled at any tim Museum.	e by either the Volunteer or the Charles M. Schulz

1. You are a volunteer.

The position of **Volunteer** at the **Charles M. Schulz Museum and Research Center** is a volunteer position. This means that, if you accept the role, you perform all duties on a voluntary basis. You will: **not be an employee, not be eligible for employee benefits, and not receive payment for your work.** You are eligible for reasonable reimbursement of expenses (see below at paragraph 9). Neither the Charles M. Schulz Museum nor Volunteer intend any employment or contractual relationship to be created (i.e. you are not an employee, independent contractor, or consultant at the Charles M. Schulz Museum). If this changes at any time, and there is a possibility that you might undertake paid work for the organization or be involved in vocational training, we will discuss this and document the arrangement in a formal employment contract, contract for services or other arrangement.

2. What you can expect when volunteering at the Charles M. Schulz Museum

We value our volunteers, and we will provide you with:

- an opportunity to promote the mission of the Charles M. Schulz Museum, which is to preserve, display and interpret the life and work of Charles M. Schulz.
- the ability to provide a public service at a museum in your community.
- a full orientation and training necessary for the volunteer role.
- a safe environment in which to perform your role.
- meaningful, necessary tasks to be done.
- recognition and reaffirmation of each individual's worth.
- opportunity for new friendships.
- respect for your privacy, including keeping your private information confidential.
- a supervisor, so that you can ask questions and get feedback (see paragraph 4 below)
- Tracking and verification of community service hours with written verification provided upon request
- Evaluation and references, if appropriate
- reimbursement for your reasonable expenses so you are not out-of-pocket as a result of volunteering for us (for further information see paragraph 7 below)
- insurance to cover you for the volunteer duties you are authorized to perform (see paragraph 8 below).
- 3. What do we ask of our volunteers?

We ask that you:

- support the Charles M. Schulz Museum aims and objectives by welcoming visitors and helping them enhance their time at the Museum.
- always interact with visitors in a friendly and helpful manner.
- choose an assignment appropriate to your interests, abilities, and time.
- establish a regular schedule (adult volunteers require a minimum of 6.5 hours per month.)
- participate in all relevant orientation and training programs.
- only undertake duties you are authorized to perform and always operate under the direction and supervision of the Volunteer Director or other assigned staff and obey reasonable directions and instructions.
- arrive promptly on the scheduled day and time of your shift or contact the Museum as early as possible if you are unable to volunteer.
- refrain from using a cell phone, or other electronic devices during your service as a volunteer, except for emergency purposes.
- do not take pictures of guests or Museum events or post to any social media outlets.
- notify the Volunteer Director or Director of Business Operations of any health and safety issues or potentially hazardous situations that may pose a risk to you or others and report any accidents or incidents relating to staff, volunteers, or the workplace.
- behave appropriately and courteously to all staff, contractors, and the public during your role.
- let us know if you wish to change the nature of your contribution (e.g. hours, role) to the Charles M. Schulz Museum at any time.
- be open and honest in your dealings with us and let us know if we can improve our volunteer program and the support that you receive.
- understand that irregular attendance, poor performance, or failure to cooperate with the Museum's policies may be interpreted as a volunteer's desire to resign.

4. Museum contact person.

Your contact person at the Charles M. Schulz Museum and Research Center will be Rosemary Giacomini, Volunteer Director. If you have any questions or concerns about your role, your health and safety, or if there is any assistance you need to help you undertake your role, please contact Rosemary at 707-284-1271 or rosemary@schulzmuseum.org as soon as possible.

5. Orientation and training required before you start in the volunteer role.

The Charles M. Schulz Museum is committed to providing suitable training in support of our health and safety, discrimination, and privacy policies. For this reason, it is our policy that all volunteers undertake an orientation and/or training at the Charles M. Schulz Museum prior to commencing their volunteer position. We will notify you of our next volunteer orientation or contact you to schedule a training session. Please contact Rosemary Giacomini, Volunteer Director, at 707-284-1271 or rosemary@schulzmuseum.org if you need details sooner.

6. Information we require before you can start in the volunteer role.

If you are 18 years of age or older, before you can commence the volunteer role, we need to perform a background check. All background check information will be collected at orientation and will include the following: name, address, date of birth, social security number and email address.

All volunteers will need to read and acknowledge the Museum's Policy Against Discrimination, Retaliation and Harassment. This document will be provided at the orientation.

7. Volunteer expenses and other benefits.

As a volunteer, the Charles M. Schulz Museum will provide you with all the tools and supplies you need. We do not expect you to incur any out-of-pocket expenses in connection with performing authorized tasks associated with your role. If you feel you need to incur an out-of-pocket expense, please get approval from the Volunteer Director before incurring the expense. If the expense is approved, you will need to produce receipts and we will provide you with reimbursement for any reasonable expenses that you incur.

We do this to ensure that you are not financially disadvantaged as a result of your volunteer position with us. These payments are not remuneration or wages.

We may sometimes provide you with other benefits as part of your volunteering role (examples include training, free food, discount event entry or *Peanuts* swag). Where this occurs, it is on a gratuitous basis at the discretion of the Charles M. Schulz Museum and is not payment in lieu of salary.

8. Insurance

We are committed to providing adequate insurance coverage for volunteers if they are injured while carrying out their volunteer roles that have been approved and authorized by us.

The Charles M. Schulz Museum has a Volunteer/Accident coverage policy. To minimize risks and ensure your safety, please:

- take care of your own health and safety
- comply with any reasonable instruction by the Charles M. Schulz Museum
- let the Volunteer Director or Director of Business Operations know of any concerns you may have about safety and/or fitness in undertaking your role, and
- cooperate with any reasonable policies and procedures.

To ensure this insurance covers you for any incidents that occur while you are volunteering with us, you need to:

- sign or check in and out each time you volunteer, and
- report an incident as soon as it has occurred.

9. Emergency Contact Information

Please complete the following so we know whom to contact in case of an emergency.

1.	Name:	Relatic	nship:				
	Home Phone:	Work Phone:	Cell Phone:				
2.	Name:	Relatic	nship:				
	Home Phone:	Work Phone:	Cell Phone:				
10.	. Photo and Art Conser	nt					
	Please read, check bo	x, and initial if appropriate:					
	I am the individual or parent or legal guardian of the minor child ("Minor"), who is volunteering for The Charles M. Schulz Museum and Research Center ("Museum"). I am over the age of 18. I warrant and represent that I am authorized to agree to this Consent and to grant the Museum and its agents and assign the rights that are granted by this Consent as set forth herein.						
I authorize the Museum and its agents and assigns to use photographs, voice films, video, or likened of Minor, and to use art and materials created or produced by Minor.							
	I authorize the Museum and its agents and assigns to permit the use and display of said photographs, films, likenesses, art and materials for all purposes, including advertisement and solicitation, in any medium and for any purpose whatsoever, including, without limitation, any publication, multimedia production, display, world-wide web publication, or use on the internet, on any written or electronic broadcast, or any other use at all.						
I authorize the Museum and its agents and assigns to use the name, likeness, or biographical inform of Minor for all the above-listed purposes including advertising and solicitation. No payment of money, now or in the future, is due from the Museum for this Consent, or for the Museum's permissible uses as provided by this Consent.							
	☐ I agree	Individual or Minor Initials	Parent or Legal Guardian Initial	ls			
\square No, please no photos.							

11. Release Information (to be completed for Volunteers ages 12-17 only)

The Charles M. Schulz Museum's release policy for volunteers between the ages of 12 and 17 is to allow the volunteer to check him/her/themself out and to leave the Museum classroom, and grounds (including parking lot) without a parent/guardian or authorized person.

No Charles M. Schulz Museum employee or adult volunteer is allowed to transport a volunteer between the ages of 12 and 17.

If you belov	•	be checked out by an	authorized adult, please	e complete, and ini	tial the		
				Volunteer Pa Initial	arent/Guardian Initial		
	My child must be cl	necked out by an auth	norized adult.				
☐ I understand the authorized adult may not "meet" the Volunteer at the front door, outside or in the parking lot.							
	☐ I understand the authorized adult must sign-out the Volunteer at the end of every shift						
	le the name(s) of each relatives you authorize		pick up your child, inclu	uding the names of	parents,		
Authorized People		ole	Phone		Number		
_	o acknowledge that you to ask questions.	u have read and agree	e to this Volunteer Agree	ement and you hav	e had the		
Volunteer Full Name		Volunte	Volunteer Signature		ate		
Parent or Gu	ardian Full Name	Parent or Guard	ian Signature				