

## MUSEUM VOLUNTEER GUIDELINES & APPLICATION

The State Historic Preservation Office (SHPO) of the Department of Economic and Community Development (DECD) finds volunteers to be valuable resources for the enhancement of the museums that fall under the jurisdiction of this agency. With the experience and vitality of volunteers, the SHPO is better able to make its historic assets accessible to all. By giving time and talents, volunteers make an important contribution toward the preservation of Connecticut's history and culture for future generations. These guidelines are intended to answer the many questions which arise regarding volunteering at one of our museums. If you would like to become a volunteer, please complete the application and submit it to the museum.

### STATUTORY AUTHORITY

Connecticut General Statutes §10-413 authorizes the SHPO to maintain and operate historic properties for public visitation so as to inform the public of the historic significance of the site. Currently, the SHPO owns and operates the following historic properties:

Eric Sloane Museum & Kent Iron Furnace  
*National Register of Historic Places*  
*State Archaeological Preserve*  
31 Kent-Cornwall Road (Rt. 7) / P.O. Box 917  
Kent, CT 06757  
860-927-3849  
eric sloane.museum@ct.gov

Old New-Gate Prison & Copper Mine  
*National Historic Landmark*  
*State Archaeological Preserve*  
115 Newgate Road / P.O. Box 254  
East Granby, CT 06026  
860-653-3563  
newgate.museum@ct.gov

Henry Whitfield State Museum  
*National Historic Landmark*  
*State Archaeological Preserve*  
248 Old Whitfield Street  
Guilford, CT 06437  
203-453-2457  
whitfieldmuseum@ct.gov

Prudence Crandall Museum  
*National Historic Landmark*  
*State Archaeological Preserve*  
1 South Canterbury Road / P.O. Box 58  
Canterbury, CT 06331  
860-546-7800  
crandall.museum@ct.gov

### FRIENDS GROUPS

Friends groups are museum support organizations and are valuable assets to our museums. While members of the public need not be members of any friends group, they may find these groups a good resource. Friends groups may participate in SHPO-sponsored events. Any profits earned by the Friends groups during SHPO-sponsored events shall be devoted to programs, events, and activities which benefit the museum. The SHPO values the relationships it has with the following friends groups:

Friends of the Eric Sloane Museum  
P.O. Box 550  
Lewisburg, PA 17837  
570-204-2906  
wil@weatherhillfarm.com  
www.friendsoftheericloanemuseum.org

Friends of the Prudence Crandall Museum, Inc.  
P.O. Box 34  
Canterbury, CT 06331  
friends@friendsofprudencecrandallmuseum.org  
www.friendsofprudencecrandallmuseum.org

## **VOLUNTEER OPPORTUNITIES**

- Visitor services, including gift shop host, greeter of visitors, and tour guide
- Assisting with educational programs for school groups
- Historical interpreter/craft demonstrator
- Special event host, including serving refreshments, overseeing hands-on activities, acting as a docent, or directing parking
- Grounds or building maintenance
- Curatorial activities, including research, cataloging, and exhibit preparation and installation
- Photography for publicity or archives
- Clerical
- Docent\*

\* Docents are volunteers who have received special training to act as museum hosts/hostesses and to assist with the public and tours. Docents are subject to the proscribed guidelines for volunteers and receive the same benefits.

## **VOLUNTEER BENEFITS**

- Support of the State's efforts to preserve and interpret Connecticut's heritage
- Career development
- Opportunity to expand knowledge of history and museum skills
- Meeting people from all over the country and the world
- Free admission to SHPO's museums
- 20% discount in SHPO's museum gift shops

## **VOLUNTEER CODE OF CONDUCT**

- All volunteers and docents shall conduct themselves in a professional manner and abide by the same standards as SHPO employees.
- Volunteers and docents shall dress neatly and appropriately for interaction with the public or otherwise for assigned duties. For safety reasons, open-toed shoes or high heels are not encouraged.
- No volunteer or docent shall be given a key to the museum buildings.
- No volunteer or docent shall be left alone on the museum property.
- Volunteers and docents shall be instructed as to the location and proper use of emergency panic buttons and all emergency procedures.
- If documents are necessary to complete a staff-directed project, staff will provide the relevant materials. No volunteer or docent shall have access to SHPO files.
- Volunteers and docents do not have access to non-public areas unless specifically authorized by staff. Permission must be granted each time and is not considered blanket.

### **Attendance**

For scheduling purposes, volunteers shall inform museum staff as soon as possible if they are unable to work on a planned day or if there is a change in start or end times. Each museum will have appropriate logs to record daily attendance and activity records.

### **Agency Policies**

Volunteers shall address all inquiries about agency policies and regulations to the State Historic Preservation Officer. All information provided in the volunteer application shall become "public record" under the Freedom of Information Act, C.G.S. §1-210 et. seq., and as such, may be subject to public disclosure.

## **Emergencies**

Volunteers shall report any accidents, emergencies, or work-related problems immediately to museum staff. All OSHA policies and regulations shall apply to all volunteers under the direction of the SHPO.

## **Changes or Damage to State Property**

If a volunteer intentionally damages or is negligent thus causing damage to State property, he/she shall be held personally liable. The museums are the property of the DECD and, therefore, any changes to or work performed shall be done at the sole discretion and direction of the State Historic Preservation Officer. No unauthorized alterations or work shall be performed without explicit direction of the State Historic Preservation Officer.

## **Volunteer Status**

Nothing in these guidelines or the submission of volunteer forms shall be construed as creating an employer-employee relationship. Volunteers serve at the pleasure of the SHPO and their volunteer services may be terminated at any time, with or without cause.

## **VOLUNTEER VEHICLE INSURANCE**

There shall be no requirement for any volunteer to drive either his/her own vehicle or a State-owned vehicle during the course of volunteering. Volunteers shall have their own personal vehicle insurance. As an individual, the volunteer would be covered by their own personal insurance.

## **VOLUNTEER PERSONAL INJURY INSURANCE**

- **Liability Issues – Personal Injury**

If an accident occurred on site and a volunteer is injured or killed, the State of Connecticut will provide the following coverage:

Accidental Death - Principal Sum	\$10,000
Accidental Dismemberment - Principal Sum	\$10,000
Accidental Medical Expense - Maximum Benefit	\$ 5,000
Deductible Amount	\$ 0
Maximum Dental Limit	\$ 250
Accident Total Disability:	None (this is not part of the State's policy)

The volunteer's personal medical insurance can be used as secondary coverage.

- **Worker's Compensation**

Volunteers and other non-paid persons are not covered by Worker's Compensation. Nothing in these guidelines or the completion and submission of volunteer forms shall be construed as creating an employer-employee relationship.

- **Personal Property**

The State is not responsible for loss or damage to a volunteer's personal property which the volunteer has brought on site at his/her own will.

**MUSEUM VOLUNTEER APPLICATION**

If you would like to volunteer with a State Historic Preservation Office (SHPO) museum, please provide the information requested below and submit it to the museum. The completion and submission of this volunteer application shall not create an employee-employer relationship. Volunteers shall serve at the sole discretion of the SHPO. The SHPO reserves the right to terminate any volunteer's service at any time.

**APPLICANT INFORMATION**

Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Work) \_\_\_\_\_

E-mail \_\_\_\_\_

Place of Employment \_\_\_\_\_

Should we need to reach you, is it permissible to call you at work?  Yes  No

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Have you volunteered for the SHPO before?  Yes  No

Where? \_\_\_\_\_ When? \_\_\_\_\_

Task(s) Performed \_\_\_\_\_

SHPO museum at which you'd like to volunteer \_\_\_\_\_

Would you like to volunteer at other SHPO museums?  Yes  No

If so, where \_\_\_\_\_

Check areas which are of interest to you:

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Visitor Services                   | <input type="checkbox"/> Housekeeping          | <input type="checkbox"/> Office      |
| <input type="checkbox"/> Educational programs/school groups | <input type="checkbox"/> Maintenance           | <input type="checkbox"/> Research    |
| <input type="checkbox"/> Special Events                     | <input type="checkbox"/> Gardening/landscaping | <input type="checkbox"/> Collections |
| <input type="checkbox"/> Other (be specific) _____          |  |                                      |

Do you have a valid Driver's License?  Yes  No If yes, License Number \_\_\_\_\_

If you are younger than 18 years old, enter your age \_\_\_\_\_

Please indicate any affiliation with related groups or organizations (e.g.: local historical society, Friends group)

Experience (professional certifications, community service, training or special licenses) that may assist in your volunteer work (if any certificates or other licenses have expiration dates, indicate the dates)

Please indicate if you are fluent in a language other than English \_\_\_\_\_

**REFERENCES**

Please provide the name of three references who know your abilities and interests.

1. Personal Reference

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Describe how long you have known this person and what type of relationship you have with this person.

\_\_\_\_\_  
\_\_\_\_\_

2. Employment Reference (if applicable)

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Organization: \_\_\_\_\_

Describe your relationship with this organization, including duties performed and dates of employment.

\_\_\_\_\_  
\_\_\_\_\_

3. Volunteer Reference (if applicable)

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Organization: \_\_\_\_\_

Describe your volunteer assignments and length of time you served with this organization.

\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION AND SIGNATURE**

I, \_\_\_\_\_, hope to volunteer with the State Historic Preservation Office’s Museum  
(print name)

Division under the auspices of \_\_\_\_\_  
(museum name)

I certify that the information on this application is correct. I authorize the SHPO to call my references to obtain information pertinent to my responsibilities as a volunteer at the SHPO. I hereby agree to abide by all rules, policies, directives, and laws of the SHPO. I understand that I will not become an employee of the SHPO or the State of Connecticut and that nothing contained herein creates an employee-employer relationship. I further understand that the SHPO may terminate my role as a volunteer at any time. I hereby release the SHPO and its employees, agents, and/or servants from any liability for any accident or injury I might suffer during the course of my volunteer work with the exception of intentional acts or omissions committed by employees or agents of the SHPO.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

The State Historic Preservation Office/Department of Economic and Community Development is an affirmative action/equal opportunity employer, providing programs and services in fair and impartial manner. In conformance with the American with Disabilities Act, the SHPO/DECD makes every effort to provide equally effective services for persons with disabilities.