



3101 West Harvard Street, Santa Ana, CA 92704

Volunteer Agreement and Release from Liability

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone:(Home) _____ (Cellphone) _____

E-mail: _____

Emergency Contact: _____

(Name)

(Phone number)

School/Organization Affiliation (If applicable): _____

Policies and Procedures for Heritage Museum of Orange County (HMOC) Volunteer Programs

If volunteer is sick or has tested positive for COVID-19, said person SHOULD NOT come on-site.

HMOC will put into place the following rules and regulations if and when it is deemed necessary

HMOC reserves the right to refuse service to anyone unwilling to abide by the following rules and regulations if applicable

- Masks/face coverings are required and must be worn at all times while on site.
- Social Distancing - At least 6ft of distance must be kept between all participating volunteers (or households).
- Temperatures will be checked upon arrival, and must show a temperature reading below 100.4 degrees Fahrenheit.
- Volunteers must follow all rules HMOC has in place regarding COVID-19 while on HMOC Grounds.

www.HeritageMuseumOC.org

phone: 714-540-0404 fax: 714-540-1932

Volunteer@heritagemuseumoc.org



HERITAGE MUSEUM —OF ORANGE COUNTY—

3101 West Harvard Street, Santa Ana, CA 92704

Please read the following agreement and sign below:

In connection with my voluntary activities undertaken for and/or with the participation and support of Heritage Museum of Orange County (“HMOC”), a non-profit charitable organization, I hereby agree for myself and any minor children who may accompany me to HMOC, and for my heirs, assigns, executors and administrators, to release, discharge and hold harmless HMOC, its officers, directors, employees, agents and other volunteers from all claims, demands and actions for injuries sustained to my person, children and/or property as a result of my involvement in such activities. I also attest that my attendance and involvement in such activities is voluntary, and that I am participating at my own risk and that I have read the foregoing terms and conditions of this release.

Furthermore, I hereby grant permission for photographs to be taken, including video and/or quotations from me (including my children) during my involvement with HMOC. (Optional, but saying yes will help HMOC and its supporters better publicize its mission and other charitable activities.) yes _____ no _____

If signing digitally on the PDF, open the “Tools” tab in the top right corner, and click “Sign and Certify”. Then click “Apply Ink Signature” and use your mouse to sign your name.

Volunteer Signature _____ Date _____

Parent Signature _____ Date _____
(Parent/Guardian signature required for **all** volunteers under the age of 18)