

Nikkei Volunteer Application

national museum
& cultural centre

Thank you for your interest in volunteering at Nikkei Place! If you are **under the age of 16, you must receive consent from your parent or guardian in order to volunteer.**

Please make sure you fill out every section and return to volunteer@nikkeiplace.org.

Personal Information

First Name: _____

Last Name: _____

Date of Birth (month/day/year): _____

Phone: _____ Email: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Employment Status: Student Employed Not working Retired

Volunteer Interest at Nikkei Place

- Admin/Support Services
- Collections Management & Research Volunteer
- Japanese Bookstore Assistant
- Manga Camp Assistant
- Matsuri
- Museum Docent
- Museum Guest Speaker
- Museum Program Volunteer
- Special Events Team

Availability

Morning Availability (9 AM – 12 PM)

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
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Afternoon Availability (12 PM – 4 PM)

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
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Skills & Experience

Preferred language

Speaking	Reading	Writing
<input type="checkbox"/> English	<input type="checkbox"/> English	<input type="checkbox"/> English
<input type="checkbox"/> Japanese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Japanese

Previous volunteer experience

Previous work experience

Do you have any special skills, qualifications, or licenses you would want us to know?

How did you hear about Nikkei National Museum & Cultural Centre?

Why are you interested in volunteering at Nikkei National Museum & Cultural Centre?

Professional Reference

First Name: _____

Last Name: _____

Occupation: _____ Relationship: _____

Phone: _____ Email: _____

Emergency Contact

First Name: _____

Last Name: _____

Relationship: _____ Phone: _____

Email: _____

I declare that I have answered all questions in this application fully and truthfully. I give permission to Nikkei Place to disclose my personal information for internal purpose only.

Signature of Volunteer

Date (MM/DD/YYYY)

Release and Waiver of Liability

This Release and Waiver of Liability (the “release”) releases Nikkei National Museum & Cultural Centre (“NNMCC”), Nikkei Place Foundation (“NPF”), and Nikkei Seniors Health Care & Housing Society (“NSHCHS”), each a nonprofit, charitable organization and each of its directors, employees and agents.

The Volunteer desires to provide volunteer services for NNMCC, NPF, and/or NSHCHS and engage in activities related to serving as a volunteer.

Volunteer understands the scope of Volunteer’s relationship with NNMCC, NPF, and/or NSHCHS is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer, that NNMCC, NPF, and/or NSHCHS will not provide any benefits traditionally associated with employment to Volunteer, and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer’s services to NNMCC, NPF, and/or NSHCHS.

1. WAIVER AND RELEASE:

I, the Volunteer, release and forever discharge and hold harmless Nikkei Place and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Nikkei Place from any liability or claim that I may have against Nikkei Place with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide Nikkei Place or occurring while I am providing volunteer services.

2. INSURANCE:

Further I understand that Nikkei Place does not assume any responsibility for or obligation to provide me with financial or other assistance, including, but not limited to medical, health or disability benefits or insurance of any nature in the event of any injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of Nikkei Place beyond what may be offered freely by Nikkei Place in the event of such injury or medical expenses incurred by me.

3. PHOTOGRAPHIC RELEASE:

I grant and convey to Nikkei Place all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Nikkei Place in connection with my providing volunteer services to Nikkei Place.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Name of Volunteer

Signature of Volunteer

Date (MM/DD/YYYY)