



Thank-you for your interest in volunteering for the Mason County Historical Society. The Society operates a *Research Library*, the *Historic White Pine Village* and the *Port of Ludington Maritime Museum*. We have plenty of volunteer opportunities!

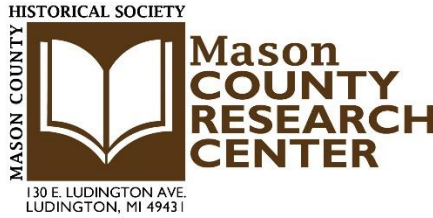
We're always in need of interpretive docents who become familiar with exhibits and help to explain them to others. We also utilize volunteers during special events, and job duties can include: scooping ice cream, demonstrating pioneer crafts and/or skills, teaching out of our one room schoolhouse and more!

Sometimes volunteers prefer more behind-the-scenes jobs such as painting, cleaning, or gardening and we have need of those folks as well! We have volunteers that enjoy setting up a weekly schedule and others who have a specific event or job task that they enjoy, which might only occur once a year.

Attached to this letter you will find a volunteer application to fill out and return to our Administrative office at Historic White Pine Village. Let us know which areas you are interested in and we will do our best to accommodate your interests. Please be aware that we do run a background check on our volunteers.

If you have any questions, do not hesitate to give us a call at 231-843-4808, or send an e-mail to michelle@mchshistory.org for Historic White Pine Village and eric@plmmhistory.org for the Port of Ludington Maritime Museum. The Volunteer Application can be sent back via e-mail or dropped off at 1687 S Lakeshore Dr, Ludington, MI 49431.

We look forward to working with you!



Volunteer Application – Mason County Historical Society

Name: _____ Date of Birth: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

How many years have you volunteered for MCHS? _____ T-Shirt Size: _____

Are you volunteering as part of a Community Service arrangement? _____

If so, what organization are you involved with? Please include Contact Name, Address, and phone number:

Have you ever been convicted of a felony or misdemeanor? _____ If so, please explain:

Please Indicate if you have a museum preference, and/or which areas or skills you have qualified or interested in:

HISTORIC WHITE PINE VILLAGE _____ **PORT OF LUDINGTON MARITIME MUSEUM** _____

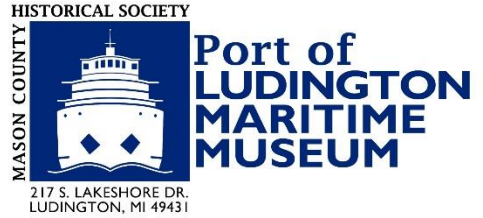
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|--|---|
| Interpreter of a building or exhibit _____ | Musician (please indicate instrument(s)) _____ |
| Flowers, shrubbery, and gardening upkeep _____ | Basket weaving _____ |
| Painting of a sign, building, or other items _____ | Cleaning of buildings _____ |
| Assisting in Ice Cream Parlor (special events) _____ | Maintenance in and around buildings _____ |
| Farmhouse cooking _____ | Assistance with research requests _____ |
| Candle Making _____ | Computer data entry _____ |
| Blacksmithing _____ | Opening/Closing the Village & PLMM buildings _____ |
| Wool Spinning _____ | Staffing information booths at community events _____ |
| Needle arts _____ | Assisting in Gift Ship/Admission Area _____ |

Please list any other skills or talents: _____

Please return to: Mason County Historical Society, 1687 S. Lakeshore Dr., Ludington, MI 49431

FOR OFFICE USE ONLY: B/G CHECK _____ DATE _____

ENTERED INTO DP PROCESSED BY _____



VOLUNTEER LIABILITY WAIVER

In consideration of my desire to volunteer for Mason County Historical Society at Historic White Pine Village or at the Port of Ludington Maritime Museum, I hereby assume all responsibility for any and all risk of bodily injury that I may sustain while participating in any activity of any nature, including the use of equipment and facilities.

Further, I, for myself and my heir, executors, administrators and assigns, hereby release, waive and discharge Mason County Historical Society and its officers, directors, employees, agents and volunteers of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising in connection with such volunteer relief efforts or my participation therein, and hereby waive all such claims, demands and causes of action.

Further, I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Michigan, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me.

Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own, free act.

Date: _____ Signature: _____ Print Name: _____
(Volunteer)

Date: _____ Signature: _____ Print Nme: _____
(for MCHS)