



Where Nevada Was Born
Douglas County Historical Society

1477 Hwy 395 N • Suite B • Gardnerville, NV 89410 • Tel: 775-782-2555
www.historicnv.org • dchs@historicnv.org

VOLUNTEER AGREEMENT & INFORMATION

Agreement made _____, 20____, by and between Douglas County Historical Society and its museums, a Nevada Domestic Non-Profit organization, with an office at 1477 Hwy. 395 N, Suite B Gardnerville, Nevada 89410, and:

Volunteer's Full Name _____

Telephone _____

Address _____

E-mail _____

RECITALS

DCHS makes extensive use of volunteers in the fulfillment of its mission.

Volunteer recognizes that in addition to the benefits enjoyed by the DCHS from the efforts of Volunteer

Volunteer will gain valuable experience, education, and self-fulfillment in the time committed to the DCHS.

DCHS and its museums and Volunteer agree as follows:

1. Volunteer Services: Volunteer agrees, without compensation, to devote such time as Volunteer and DCHS agree to for the work and programs at DCHS. Volunteer agrees to work under the direction of the Board of Trustees of DCHS, the committees of DCHS, or the Director of Museums as may be determined by DCHS. Volunteer Time sheet to be completed monthly.
2. Work Product: Volunteer agrees that all work produced or information obtained (no matter in written or electronic form of any type) shall at all times be and remain property of DCHS. Volunteer waives any and all rights, whether common law or statutory, in such materials and information.
3. Termination of Services: Either party may terminate the services of Volunteer at any time without cause.

DCHS PRIVACY POLICY:

Anyone working in Past Perfect, or with any other Douglas County Historical Society documents, or programs agrees that they will not disclose any personal information they see when using the program and/or documents. This includes, but is not limited to, address, phone numbers, volunteer hours, and amount and type of donations.

IN WITNESS WHEREOF, the parties have signed this agreement in Douglas County, Nevada on the day and year noted above.

Signatures:

Volunteer

DCHS Representative



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Regular or Substitute (circle one) Genoa or CVM&CC (circle one or both)

Days available:

Monday___ Tuesday___ Wednesday___ Thursday___ Friday___ Saturday___ Sunday___

Hours Available:

Work experience/Skills:

EMERGENCY CONTACT:

Name: _____ Phone _____

Additional Information
